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CLINICAL LECTURE

ON A CASE OF

CATALEPSY,

OCCURRING IN THE JERVIS-STREET HOSPITAL, DUBLIN.

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GENTLEMEN,—Having already pointed out to you the great variety of derangements to which the functions of sensation and voluntary motion and the intellectual faculties are liable, as manifested in those diseases which are usually called nervous, such as apoplexy, epilepsy, chorea, and hysteria, I now beg to call your attention to a few observations on the subject of *catalepsy* and *ecstasy*.

In a genuine case of catalepsy the patient is suddenly deprived of consciousness and voluntary motion, the trunk and extremities retaining whatever position they happened to be placed in at the moment of the cataleptic seizure, until the termination of the fit, which varies in duration, in different cases, from a few minutes to many hours. The muscles appear to have lost their usual tone to such an extent, that one would be induced to say that they possessed neither contractility nor elasticity: they will assume any condition in which you may choose to place them, and preserve it, seemingly in opposition to the laws of gravity and convenience, as if composed of lead, wax, or some other inelastic or inanimate material. The eyelids are usually closed, but there are exceptions, in which they remain open, exposing the globes of the eyes and the pupils, which are generally fixed. The functions of respiration and circulation are sometimes carried on with so much obscurity that persons have been considered absolutely dead, when, to the astonishment and delight of mourning friends, the delusion was suddenly dispelled by the unexpected return of the wonted faculties. I may here mention to you the celebrated case of Lady Russell, which so simulated death that the usual preparations had been made for her interment, when she suddenly awoke, as if by the sound of the bell which was tolling for her intended funeral; but imagining it was to announce the commencement of divine service, she hastily called on her friends to accompany her to church. It sometimes happens that the patient, although incapable of making the slightest exertion, is conscious of what is passing around. There is a case of this description recorded in which the phenomena of death were so well marked that the usual forms were being made for her funeral, as in the case of Lady Russell. Gentlemen, it is much easier for you to imagine than it is for me to describe, what the feelings of this unhappy individual must have been on witnessing these awful preparations, and to contemplate the sudden transition from "deep despair" to indescribable joy, which they experienced when her returning faculties enabled her to avert the horrors of a premature grave, by exclaiming in the frantic tone of triumphant exultation, "I am not dead!" It occasionally occurs in cataleptic patients, whilst all communication with the external world, through the ordinary functions of relation, is suspended during the fit, that the faculties of hearing, seeing, tasting, &c. &c., have been acquired by other parts of the individual, which bear no similitude or relation to the organs of sense. There is a case of this description detailed in the first volume of THE LANCET for 1832-33, page 663, in which it is related of the subject of the attack, a female twenty-five years of age, that she could, during the paroxysm, although insensible to all stimuli when applied to the organs of sense, hear the lowest whisper when addressed to the epigastrium, the palms of the hands and the soles of the feet; she could likewise recognise certain substances by their peculiar taste or smell, when applied to these

newly-gifted regions: she could distinguish colours, and read, with the eyes bandaged; and, what appears to be still more extraordinary, maintain a conversation in a language which she had never learned, on subjects of which she previously knew nothing, and describe with accuracy objects which she had never seen or heard of! This and similar statements are, doubtless, well calculated to put our credulity to the test; but when we call to mind the extraordinary phenomena which occur in cases of somnambulism, and what we have ourselves witnessed in the case of Mrs. Finn, we are not, in my opinion, justified in withholding our belief of the possibility of facts so well authenticated.

Ecstasy bears a strong resemblance to catalepsy: in both cases the patients, during the paroxysm, lose all connexion with the physical world, being deprived of sense and voluntary motion; but in ecstasy, associations of the most pleasing and enchanting nature are established with an ideal existence in an unknown region, which might perhaps be poetically designated the fairy land of an undescried Elysium. In this instance the individual awakes with feelings of disappointment and regret at finding that his enjoyments were visionary, and that he is again doomed to experience the vicissitudes of human life.

When we come to inquire into the causes of these strange diseases, we find that some of them arise spontaneously, and, consequently, their origin will not admit of explanation; others appear to be the result of functional derangement, or mental emotion; a third may be the effect of sympathetic imitation; whilst a fourth, it is alleged, may be produced by the mysterious agency of animal magnetism. The records of medicine furnish abundant examples of the two first; I will not, therefore, occupy your time in enumerating facts which are well known, and with which, I presume, many of you are already acquainted, but at once proceed to direct your attention to a few cases in order to prove the influence of sympathetic imitation and animal magnetism, in causing those diseases. The following case occurred at Bologna, in Italy, and is published in the *Gazette Medicale* of Paris, for November 1832. "The subject of it was a man aged twenty-four years, who having previously enjoyed good health, suffered a violent moral emotion whilst witnessing the struggles of a female in an intense hysteric paroxysm. In a short time after he himself was attacked with remarkable convulsive movements. These generally commenced in the morning and lasted for different periods, sometimes for some hours at a time. During its accession all external perceptions were abolished in the ordinary channels. The functions of organic life, too, were remarkably troubled. His respiration was impeded, his pulse slow, the extremities were of icy coldness. In addition to these symptoms, something extraordinary was one day noticed. It was found that while he was utterly insensible to, and unconscious of, all sounds directed to the ear, he perceived them distinctly if directed to the pit of the stomach. To questions addressed there he returned immediate replies; but of all that was spoken to his ear he was perfectly ignorant. This singular phenomenon occurred three times, and was witnessed by several individuals before the patient was cured."

Permit me now to remind you of the girl Whitmore, who was admitted into this hospital a few weeks since, in consequence of a distressing pain in the abdomen, of a very anomalous character, which was, by herself, attributed to the fact of her having eaten some berries "she got on a tree." However, I think there is good reason to suppose it to have been of hysterical origin. This girl was in the constant habit of sitting with Mrs. Finn, until she became decidedly hysterical herself; and I understand that since she left the hospital she has been attacked with genuine catalepsy, and is at present in the *Richmond Hospital* under treatment for that affection. From a consideration of these circumstances, and a recollection of the fact that catalepsy is a disease of such rare occurrence that the celebrated Cullen never saw a case of it, I think it is rational to suppose that sympathy had some influence in exciting it in this individual, who, I admit, was constitutionally predisposed to nervous affections.

The advocates of animal magnetism allege that they can by the exercise of certain manœuvres of the hand, conducted according to "*their* system," produce ecstasy in such persons as may be subjected to its influence; many cases in support of the truth of their doctrine have been published, but as I consider one example sufficient for our present purpose, I will merely read to you an extract from Andral's lecture on this subject, in which the following curious circumstances are detailed:—

"In the inaugural thesis of M. Fillazi, defended before our Faculty of Medicine, there is the narrative of an occurrence bearing irresistible proofs of its authenticity, and which seems to me to be sufficient to decide the question. The author, then an *interne* at the *Hotel Dieu*, and totally sceptical regarding the powers attributed to this mysterious essence, this

asserted magnetic fluid, formed for mere amusement the plan, with a brother *interne* equally incredulous, of submitting this friend to the manœuvres of the magnetizers in the manner M. Rostan describes. The 'passes' were continued for about twenty minutes without any remarkable effect, but at the expiration of that time the young man began to yawn, his eyelids grew heavy, and closed involuntarily; he attempted to shake off this torpor in vain; his respiration next became accelerated, his head fell on his shoulders, and he uttered a sardonic laugh of indescribable expression. We thought (says the narrator) that he was amusing himself at our expense, but in a little time, what was my horror when I saw his fingers turn blue, his head fall powerless forward, when I heard his respiration rattling like a dying man's, and felt his skin as cold as death itself! I cannot find words to describe my sufferings, I knew not what to do. Meanwhile all these horrid phenomena increased in intensity. I tremble at the recollection of what I saw; there lay my friend, my victim, devoid of the aspect of life, in a state of complete and terrible collapse, with his hand clasped in mine, in a state of agony no tongue could tell of. I laid him on a bed, and waited the result in a state of mind I can never forget. In a quarter of an hour he recovered, and exclaiming, that in the ecstasy he had experienced sensations of extreme delight: he passionately begged of me to recommence the 'passes.' I did so with less apprehension, and again the somnolency proceeded; the collapse, however, was less profound and terrific, and in some minutes he suddenly awoke with the exclamation, 'What happiness is this!'" However incredible or surprising this narrative may appear at the first blush, yet when we bear in mind that it has been authenticated by a physician of character, who had been himself an unbeliever in the doctrine of animal magnetism, we should not, in my opinion, be justified in doubting his veracity. Our knowledge of the laws of the animal economy is not yet sufficiently perfect to warrant our disbelief in the possibility of certain phenomena, *merely* on the grounds that we did not ourselves witness their occurrence, or because they cannot be satisfactorily explained according to our present notions of physiology and pathology. For my own part I have made it a rule to receive all information on these abstruse but very interesting subjects with feelings of impartiality, being uninfluenced by preconceived theories, and, I trust, not being hypercritically sceptical of the statements of others, and to wait patiently in all matters of doubt, with the hope that time, the growing intelligence of the age, and the advancement of science, will speedily dispel the obscurity.

I now beg your particular attention to the case which has brought us together on the present occasion, and has naturally excited so much interest amongst you for some time past. It will be read to you as it was noted down in the case-book during its progress since the admission of the patient into the hospital:—

"Ann Finn, aged eighteen years, eight months married, of rather full habit, with delicate skin, blue eyes, and fair complexion, was admitted into the Jervis-street Hospital on the 29th of June, for neuralgia of the right side, with which she had been afflicted for the preceding six weeks. At the time of admission there was much tenderness on pressure along the course of the sciatic nerve, from the hip to the knee. The slightest motion caused shooting pain in this direction, and it was acutely felt in the lumbar region on every attempt at coughing or sneezing. The pain was so severe at night that it prevented her from sleeping. Her general health was indifferent, being feverish, and in bad spirits. She was then (June 29th) about three months advanced in pregnancy. Various topical and general remedies were administered for five or six weeks, viz., locally, leeches, blisters, moxas, and liniments, were applied without advantage. Acupuncturation was also made trial of. She was rather insensible to these external stimuli; even the application of the moxa gave her but little uneasiness. The ointment of veratria, in the proportion of a scruple of veratria to an ounce of lard, was used, but, like the other applications, without the slightest beneficial effect. She took internally at different times, quinine, carbonate of iron, and anodynes of various descriptions; but all medicines administered internally disagreed with her after a few days. About the latter end of July, as she found herself not improving in hospital, she stated her intention of returning to her friends in the country, and on the 1st of August, much to the surprise of every person in the hospital, she arose, dressed herself, and walked away apparently quite well. During her stay in the hospital she never left her bed, and for a few days previous to her departure she appeared to suffer more than usual. The fact of her thus suddenly recovering the use of the limb after long confinement, made some ill-natured persons suspect she had been malingering; but this was as improbable as the suspicion was uncharitable and groundless. On the 23rd of October she was again admit-

ted into the hospital, the pain in her thigh being nearly as bad as formerly. She stated that she had miscarried a few weeks after she left Dublin in August, that she had been suffering nearly all the time she was in the country, from the affection of her side. She looked pale and dejected, but had not lost flesh.

Nov. 1. A drunken man, a friend to one of the patients in the ward where she was, abused her for some imaginary offence, and threw her into a violent hysterical paroxysm; she was seized with a kind of retching, became nearly insensible, and her countenance was quite suffused. The globus hystericus was visible, rising in her throat. This fit lasted nearly an hour, and she appeared to be much exhausted after it. She had an attack of this kind almost every day up to the 9th instant, when the character of the paroxysm became altered, and the neuralgic affection appeared to have completely left her.

9. In the fits to-day she commences by smiling, pushing out her legs, and clenching her fists so firmly that it is quite impossible to open them. The jaws also become closely locked; she twists her hands about, and then strikes the bed violently, or if any person endeavours to hold her she resists with all her force. She sometimes catches hold of her own hair, and if not prevented would tear it out in handfuls. She attempts to bite her own or any other person's hand which happens to be near her; and should she not succeed in her efforts she bites the bed-clothes, and if her feet be left loose, she kicks furiously in every direction. Those paroxysms last only a few minutes, but they occur very frequently during the day, and are brought on by the slightest disturbance. In the intervals of the paroxysms she is tolerably well and in good spirits. She has retention of urine, and requires the use of the catheter; the urine is limpid, and secreted in considerable quantity.

13. Fits continue without any alteration in character; the retention of urine also continues, and she requires the use of the catheter two or three times daily. She is perfectly intelligent, but has completely lost her speech. She hears, or will write or make signs to show that she perfectly understands, any question put to her, but is utterly incapable of articulating a single word. It appears that she had a paroxysm of long duration last night, and that she has not spoken since.

21. Aphony continues, and the most insignificant monosyllable has not escaped her lips since the last report. She is perfectly intelligent in the intervals of the paroxysms, which occur more frequently and with greater violence than heretofore. To-day she exhibits a new phenomenon; after each paroxysm she becomes *cataleptic*. About a minute or two after one of the violent fits before described is over, and she appears to be quite recovered, she suddenly drops into a sound sleep, the countenance assumes the most perfect placidity, the eyes remain closed, and when the lid is raised the eyeball is seen turned upwards with the pupil dilated. She maintains whatever position she happens to be in at the time of seizure, with the exception that the fingers are suddenly bent backwards, extended. The arms, fingers, and head, retain any posture they are moved into, no matter how ludicrous or painful, apparently. The legs and feet become too rigid to admit of removal. The toes are always firmly and violently flexed. During this fit she is perfectly insensible to every thing around her, and no stimulus appears to be capable of exciting consciousness. Having remained in this state for eight or ten minutes, she recovers with a moan, and seems to suffer from pain in her left breast. These fits occur twenty or thirty times in twenty-four hours, and as frequently in the night as in the day. Retention of urine continues, but it is secreted in less quantity than before, and is full of mucus. She cannot now retain it as well as formerly, and requires the catheter four or five times in the twenty-four hours. The tongue and pulse are natural. She indicates by signs that she is affected with head-ach. Her appetite is bad, and she has scarcely slept at all since her re-admission into the hospital.

23. The cataleptic fit comes on quite suddenly, continues longer than before, and *precedes* the furious paroxysm. The cataleptic attack is generally of about fifteen minutes duration, and the *subsequent* convulsion about three. When recovering she generally utters a few piercing moans, and places her hands on the left side of her thorax, as if she felt severe pain in the region of the heart. She suffers pain all over the abdomen, but it is manifestly the result of morbid sensibility in the nervous system, and quite different from the pain resulting from inflammatory action.

25. The following is the order in which the stages of the paroxysm occur. She becomes suddenly cataleptic, perhaps while in the act of eating, drinking, or making signs in reply to questions which have been put to her. She continues insensible, in the position she happens to be in at the moment for about fifteen or twenty minutes. She is then seized with a violent paroxysm, which lasts only a minute and a half, when the convulsion suddenly stops. She relapses into the cataleptic state, in which she continues

about ten minutes, at the end of which time she instantaneously awakes, in possession of all her faculties except speech. The fits recur every five minutes, and the slightest degree of disturbance is capable of producing them at any moment. The pulse is not affected during the catalepsis.

25. The catalepsis continues much longer than heretofore; she remained in one fit this morning without intermission for an hour and a half. An œlian was played close to her ear, but she seemed to be unconscious of what was doing: her head was then placed over a bucket, and some cold water was dashed upon her. She screamed violently, but did not become conscious. She was spoken to on the epigastrium, the palms of the hands, and the soles of the feet. When she recovered from the fit, on being questioned as to whether she had heard the music or any person speaking, or if she felt the water, she answered by *signs* in the negative.

Dec. 1. At 5 o'clock this evening she was seized with an extraordinary difficulty of breathing, which resembled a violent panting, the abdomen and thorax heaving alternately in a most remarkable manner. The respirations as counted by the motions of the chest were 120 in a minute, but by placing the hand immediately over the patient's mouth, it was ascertained that the admissions and expulsions of air into and from the lungs were very little, if any, more frequent than natural. This new symptom has not in any degree interfered with the cataleptic seizures, which occur as frequently as before. The pulse weak and quick, beating 108 strokes in a minute; altogether she looks more emaciated and exhausted than she did since her admission into the hospital.

9th. She has remained nearly in the same state as when last reported. The dyspnœa has never remitted even for an instant up to last night, when she had an hour's comfortable sleep. To-day her respiration occasionally stops suddenly, and continues suspended for a minute; her face becomes livid; the arms, which at other times are easily flexed or moved, become quite rigid, and cannot be moved without considerable force; the abdomen is enormously distended during the suspension of respiration, from which she recovers with a crowing noise, when the countenance, arms, and abdomen, instantaneously return to their natural state.

13. She appears improved to-day; had two hours' sleep last night. The spasmodic action of the diaphragm ceased altogether during sleep, and is not near so violent at any time as formerly. The catalepsis now lasts but a few minutes, and on recovering from it she is seized with a violent convulsive paroxysm, similar to that described on the 9th of November, with this difference, that she does not relapse into the cataleptic state on the subsiding of the convulsions, but is suddenly restored to her faculties.

17. There was a slight appearance of the catamenia yesterday morning, which ceased in the evening; in other respects she remains pretty much in the same state; loss of speech and retention of urine still continue.

18th. No menstrual discharge yesterday, but this day it returned, and is abundant. The interruptions to respiration are frequent, and attended with congestion of the face, rigidity of the limbs, and tumefaction of the abdomen, as before.

21. She can articulate a few insignicant monosyllables, such as 'yes' and 'no;' the inordinate action of the diaphragm has nearly ceased.

25. All this day the catalepsis never at any one time continued more than one or two minutes; the convulsion, which is very violent, lasts three or four. She is sick, and had retching three or four times.

26. About ten o'clock last night, the nurse being absent, she got out of bed to get a drink, her stomach became sick, and she vomited, she says, a clot of blood, and *immediately* found she could articulate. She now speaks as well as ever; says she was always perfectly sensible except when affected with a fit, but on these occasions had no knowledge or idea whatever of anything that occurred.

29. The catalepsis lasts not more than one minute. The paroxysm which succeeds is more violent than it has been at any former period. She strikes at every person about her, as if by design. She sometimes speaks whilst in the convulsion, which ends leaving her in a sort of idiotic stupor, which continues for two or three minutes.

January 3, 1835. On this day she recovers from the convulsive paroxysm without its being succeeded with the 'idiot stupor.'

12. Has continued as last reported, up to this day, when there is a slight appearance of menstruation. She has likewise been attacked with the inordinate action of the diaphragm, from which she has not suffered during the last three weeks.

16. This day she stated, that having been thinking over various matters which occurred to her during the last two months, she recollected having heard a voice one day on the pit of the stomach while she was in a fit, and consequently otherwise insensible. On the occurrence of the first cataleptic attack after this communication, she was spoken to on the epigas-

trium as on the 26th of November; and on the subsidence of the fit, she could repeat with accuracy every word addressed to her through this region. This experiment was often repeated, and always attended with similar results. She could hear the lowest whisper, or even the ticking of a watch. However, she was incapable of distinguishing between the voices of different persons who spoke to her. She stated that the voice appeared to her as if it issued from a barrel, and that she could form no idea whatever of the state she was in.

February 1st. She has been gradually improving ever since the last report, and is now able to get up and walk about the ward. She is sometimes seized with the catalepsis when in the erect posture, and *remains* so during the fit. Retention of urine continues, but in every other respect she appears to be steadily recovering."

Such, gentlemen, is the history of Mrs. Finn's case; the details may appear to be unnecessarily tedious, but when you call to mind that the report introduces to your notice some *new* symptom or important change or modification of the disease, you must perceive the propriety of sacrificing a little time and attention to accuracy of description; for instance, the neuralgic affection, with which she was originally attacked, continued with little intermission for nearly six months, when it suddenly left her on the 1st of November, in consequence of the supervention of a paroxysm of hysteria. The cataleptic symptoms appeared for the first time on the 21st of the same month, and ever since that period the case has been of a mixed character, alternately presenting the symptoms both of hysteria and catalepsy. I will not now detain you with lengthened commentaries on the numerous, and I may add anomalous symptoms, which have been already described. However, there is one to which I feel it necessary to call your special attention: I allude to the loss of speech, which took place on the 13th of November, and did not return till the 25th of December. Although this symptom is by no means an uncommon occurrence in hysterical patients, I am not aware that there is any case on record in which *mutism* continued so long without interruption as in this instance. There is one mentioned by Andral, in which the patient, a female, 26 years old, suddenly recovered her speech at the end of ten days' dumbness. It is a curious fact, worthy of recollection, that in this instance, as in the case of our patient, the power of articulation returned immediately after a fit of vomiting. I regret to state, that this very strange phenomenon will not admit of a satisfactory explanation; it cannot be accounted for in the usual way by a reference either to a defect in the intellectual faculties, or paralysis of the tongue, as she was perfectly intelligent, and could move the tongue in every direction with the utmost facility, in the absence of the paroxysm, nor can we say with confidence, that the defect was in the larynx, inasmuch as she was capable of uttering "a crowing noise."

The causes, progress, duration, and the pathological phenomena, attendant on nervous diseases, are so variable, and so imperfectly understood, that it is impossible to lay down any one plan of treatment which will apply to all cases. In our prescriptions we should be guided by the circumstances peculiar to each individual case. In accordance with this principle the remedies employed in the case of Mrs. Finn were numerous, and varied as circumstances seemed to indicate. For example, when the paroxysms were violent and the countenance was suffused, leeches were occasionally applied either to the temples, spine, labia, or inguinal regions. Embrocations to the temples, and blisters to the nape of the neck, spine, and epigastrium, were also employed from time to time. Internally she got purgatives, antispasmodics, tonics, and emmenagogues of every description.

In concluding this protracted but interesting discussion, permit me to state, although I am vain enough to think that the plan of treatment adopted in this case had a beneficial influence in *moderating* the symptoms, that I ought not confidently to attribute the present improvement either to the skill of the medical attendant or the *specific* efficiency of his prescriptions.

Recovery of Speech.—The following paragraph appears in the *Hampshire Telegraph* of last week:—"On the 21st inst. a woman named Lydia Chamberlayne, aged 51 years, now living in Kingsland-place, in this town, had the full power of speech returned to her, although she had been dumb for the last sixteen years. On Sunday morning last, while walking in the garden, she felt a severe pain in the chest; she coughed, and threw up a fleshy substance of considerable size, and immediately the power of speech was restored to her, to the delight of course of herself and her aged father." Our object in making the quotation (in the absence of other authority) will be found in the foregoing lecture.

LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL.

BY

ROBERT LISTON, Esq.,

Surgeon to the Hospital, and Professor of Clinical Surgery in the University of London.

THE DRESSING AND HEALING OF WOUNDS.

Gentlemen,—You would observe, that after the completion of the operation in our patient Taylor, the flap was cleared from coagula, and the incisions were put together, and retained temporarily by a very few points of the interrupted suture. Lint dipped in cold water was then applied, and ordered to be renewed frequently for the first six or eight hours, until, in fact, all oozing had ceased, and the surface had become glazed. You are aware that this period is by much the most favourable for union. The parts are then exposed, and dried thoroughly, and any coagulum that may have formed betwixt the edges, is carefully and gently removed. Your object is then, after the removal of all impediment to union (and clot impedes), to retain the parts accurately, and with the least possible irritation of any kind. This indication is fully answered by the application which you have occasionally seen employed here. It consists of a very strong solution of isinglass in spirit. This is liquified by immersion of the vessel containing it in hot water, and it is readily spread on strips of oiled silk. These are applied in the interstices of the stitches. They speedily adhere, and so firmly, that the points of suture may with the utmost safety be removed within the first twelve hours after the operation. This dressing is not disturbed by serous or purulent discharge, and it is very seldom necessary to reapply it. The plaster adheres much more firmly than any other, and is not productive of the least irritation of the surface. If the strips should be ruffled or detached by any means, their ends are cut off, and fresh bits put on instead, without incurring the risk, by a removal of the whole plaster, of interrupting the adhesion.

The part interested is placed at rest, so that the muscles affecting it are relaxed. The bed-clothes are raised by a cradle or other contrivance, in order that there shall be a free circulation of air around. No other dressing is employed or required. Neither ointments, pledgets, compresses, nor bandages. No one will, surely, now-a-days, pretend to say that there is any healing virtue in a composition of oil, lard, or wax, whatever absorbent earth or metallic oxyde or salt may be stirred up and incorporated with it. Those villainous compounds are applied with a view, it may be said, of facilitating the removal of dressings, and these dressings are applied for the purpose of approximating the edges and surfaces of wounds, and of absorbing discharges.

If the parts be kept cool, and no applications are made which can prevent the evaporation from the surface, the discharge will be but trifling and inconsiderable; and as there are no dressings applied, there is no use in providing for their easy removal. If the divided surfaces do not come together readily without straining, pulling, and compressing, there is no chance of union resulting. The application of a bandage at all tightly, is productive of much uneasiness; it interferes with the circulation; it is thus hurtful. A slack bandage may not quite so much interfere with the curative processes, but it is useless; and as no dressings are put on which need to be thus retained, we had better dispense entirely with its employment. I am as much awake to the benefit to be attained by bandaging, as any one can be; but there must be a clear indication for its use,—some swelling to be got rid of, a certain position to be maintained, or a particular dressing to be kept in its place. When we cut sound structure, and have it in our power, as is then usually the case, to fashion our incisions as we choose, then we should be very much to blame indeed if we did not make them to correspond exactly, and to come together smoothly, without the aid of compression or deligation. There should be no occasion for rolling the limb from above downwards, "expending two or three five-yard rollers" in pushing and retaining the soft parts over the divided end of the bone, and thus preventing the retraction of the muscles. I have already said that, in the first instance, for any other purpose a bandage is not wanted, and must, if applied, rather prove inconvenient than otherwise; interfering with the circulation, heating the parts, and retaining the discharges, keeping everything in a filthy state, and making the patient uncomfortable, a nuisance to himself and all those about him. I can recollect well the horrid stench that used to issue from a wound at the first dressing four or five days after operation,—the quantities of discharge, the state of the dressings,—soaked and dyed of all hues, black, brown, green, and yellow. You will find

in some recent works ample directions for the methodical and "scientific" dressings of stumps. "The straps being adjusted," you are told that it is proper to "apply a thick layer of spermaceti ointment, spread on lint, so as not only to cover the face of the stump, but that it may reach a good way up the limb; over this lay a cushion of lint, securing all with a cross and a thin bandage." A flannel nightcap used to be added to make things look more comfortable. What was to be expected of all this coddling up of a wounded part? What almost uniformly followed—viz. a profuse and rapid secretion of purulent matter, with no inconsiderable swelling. It was a source of wonder and mighty congratulation, when these did not result to their full extent, and when union was discovered to have at all ensued. But all this was of trifling moment in comparison with the state of irritation and feverish excitement in which a patient was kept for weeks by the sponging and soaking of the whole mass of dressing, the tearing away of bandages and plasters, and their reapplication day after day. The first and after dressing were too truly looked forward to, and dreaded by the patient, as much as, if not more than, the operation itself. Several bandages were again "expended" upon the limb, to within two inches of the end of the stump: and "when this is done, lay the stump down, and remove the straps *one at a time*, sponging away any matter, and cleaning the surface; reapplying a fresh one before a second be taken off, thus going on till all be finished, leaving every here and there a little opening in the line of the incision for the matter to steal away." Then came the spermaceti pledgets and the cushions of lint, the cross, and the roller, again. These quotations are from a recent work, and by a practical surgeon. In spite of all this care the bone used to peep out now and then, necrosis followed, and the patient, if he had vigour of constitution enough to bear up against the constant irritation and profuse discharge, got out of the surgeon's hands, with a pointed, painful, and useless stump.

I cannot tell what the practice in hospitals is at this particular period, but the time was when surgeons were wont to follow, like a flock of wild geese, what they had seen practised by those who had gone before them. Now, gentlemen, I should have you to pursue no practice or recommendation, whatever the source, whether given in books or lectures, unless you have got, or can give, a most satisfactory reason for so doing. By pursuing the mode of dressing, the advantages of which I have endeavoured to point out and exemplify, you will, in the first place, save the patient all the pain and suffering of which I have spoken, and I can assure you I have not overdrawn the picture. You will have the wound heal speedily, and with very little discharge. You can see, in fact, and without annoying the patient, what is going on, through the dressings. You can take means, by snipping the plaster a little, by the moving of one of the ligatures, for the escape of any little confined discharge; you remove the stitches very early, and have the means also of getting rid of the ligatures, so soon as they become detached. Any trifling discharge that does flow out is wiped away immediately from the taffeta covering the pillow on which the part is laid, and thus all fetor is prevented. In many cases the part lies easy and comfortable with the original dressings till the wound is closed, and the cure is completed. If, as now and then happens, slight œdema of the part should supervene, or if matter lodges after a free exit is provided, uniform support is given by bandage, so as to get rid of the swelling, or gentle compression is made with the view of diminishing the suppurating cavity.

Now, it happens that many wounds received accidentally can, from the circumstances in which they are placed, heal only by formation of new matter. The wound may have been made with a sharp instrument, and there may be no loss of substance, but it has perhaps run across the fibres, or the edges may not have been brought into exact contact, and discharge has been established. Or, again, there may have been bruising, or evulsion of a part, or lodgement of foreign matter.

Many wounds made purposely by the surgeon, as for the removal of morbid malignant growths involving the skin, must be repaired by granulation. No purpose can be answered by pu'ling together in any way by suture, plaster, or bandage, wounds of this kind. Any such attempt is necessarily followed by much pain, inflammation, fever, and perhaps sloughing of the exposed surface, or of the surrounding integument.

Discharge, by which the action will be arrested, kept under, or moderated, ought by all and every means to be encouraged. This indication is best answered by heat and moisture. Poultices afford these requisites, but they are upon the whole unpleasant and nasty applications. Even the simplest and best, the bread-and-water, is apt to become rancid, and very soon undergoes such alterations that it is no longer the same soothing epithem as when first applied. We here use (I think you must all be converts to the practice

from the experience you have had of its efficacy) water-dressing; lint dipped in water of a temperature agreeable to the feelings of the patient, and that again covered by an ample piece of oiled silk to prevent evaporation. This is renewed from time to time, at intervals longer or shorter, according to circumstances, the quantity and quality of the discharge, &c. The object is to keep the part constantly moist, and lint of two or three folds will remain so for several hours. This dressing is simple enough, gives great comfort, and is unattended with fetor. So soon as the discharge becomes healthy and plentiful, and the surface is covered by granulations, when these begin to get at all large and flabby, then some gently-stimulating or astringent lotion, containing salts of zinc, copper, or alum, may be added gradually, the effects being watched. If the discharge be too much repressed, if the surface begins to be coated with lymph, or if these signs have been neglected, and the surrounding skin also begins to show marks of inflammation, the warm water alone is to be recurred to for a time.

You may have heard of *water* dressing, and it is no new practice to apply this simple element to wounds; PARE discovered that it was by far a more pleasing and curative application to wounds than boiling oils. Many army surgeons have had recourse to it, and the plan has been strongly recommended by a celebrated Dublin professor, not a practical surgeon I believe, and very strenuously claimed for him as a grand discovery by some of his pupils. Many of these gentlemen seem to me to have looked upon the *water* as the medicinal agent. They have applied it pure and of its natural temperature, and even in that state it is more congenial to a wound or sore than the plasters and ointments of the Pharmacopœias, old or new. We, and I doubt not you, will also, when opportunities arise, make the application, but as a substitute, an elegant—if you can use such a term—and effectual one for a poultice, having all its good effects and none of its bad ones, viz., the weight and stench and adhesiveness. The great recommendation of these methods of managing wounds, whether to favour adhesion or cicatrization, is the immense saving of pain and annoyance to the patient, and the abridgment of the curative process. You will observe that no slopping, washing, or sponging the surface of sores, is here allowed. It is not, in fact, wanted. The skin, if soiled, which it seldom is when the proper system of dressing is followed, may be washed with soap and water, but interference with the granulating surface should never be encouraged or permitted. You see meddlesome dressers rubbing away, at no allowance, the tender surface of a sore, till it bleeds profusely, and the patient shrieks from agony of suffering. These people never seem to think that the discharge is poured out for a beneficial purpose, to protect the exposed and tender surface from the influence of the atmosphere and changes of temperature.

When it is necessary to clean the neighbourhood of a sore, a little fine tow should alone be used for the purpose. In hospital practice the mischievous effects arising from the use of sponges in the wards is incalculable. A patient is admitted, say with a sore in a foul and sloughy state, attended with intolerably fetid discharge, thin and bloody. This condition may be the result of irregular living, of accumulation of filth, of inattention to changing the dressings, and so on. It is not at all necessary that there should be any specific poison applied or generated. The sore is washed, and probably the same sponge is used (it is not at all essential that the same basin and water should) for other patients labouring under wounds and sores. They all degenerate forthwith; they are inoculated with a virulent animal poison, and if proper and active measures be not instantly adopted, sloughing of granulations, of cicatrix, of integuments, and of cellular tissue, with great constitutional disturbance, will result in one and all. Much of the hospital gangrene which invaded and devastated hospitals was so occasioned. No doubt, whatever care may be taken in the best ventilated and regulated hospitals, an unfavourable change will now and then come over the cases, attributable clearly to the state of the atmosphere. But with the attention to the cautions I have given you, such alterations will prove much less frequent and much less dreadful in their consequences. I have had ample experience in this matter, and in an hospital which used to be most notoriously unhealthy. Before I took charge of it, sponges were indiscriminately used for the washing of all and sundry sores and sloughings, for the post-mortem examinations, and for the operations upon the living body. I need not tell you that a most strict and thorough search was made for all such fomites, and that they were, when found, destroyed; that means were taken to prevent their replacement amongst the nurses; that the only sponges in the hospital were those kept exclusively for operations, and under the immediate charge of the house surgeons. Wards badly constructed, and the constant abode of erysipelas and sloughing sores, became henceforward sweet, and so healthy, that, under ordinary circum-

stances, union of wounds seldom failed: no bad test, I can assure you, of their state and condition. When I have the pleasure of meeting you here again, we shall consider the best, most effectual, and most speedy means of bringing ulcers, whatever be their nature or condition, into the state of simple purulent ulcer,—a sore disposed to cicatrize.

LECTURE

DELIVERED AT THE

NORTH LONDON HOSPITAL,

BY

A. T. THOMSON, M.D.,

Physician to the Hospital, and Professor of Materia Medica in the University of London.

CHRONIC PERICARDITIS.

GENTLEMEN,—Since we last met, a case so closely resembling *chronic pericarditis* that I have ventured to name it and to treat it as such, has been admitted into the hospital. The patient is Mary Dunn, a widow, twenty-eight years of age. She has had no children, and since she lost her husband, eighteen months ago, has been a servant of all work. She says that about four months since she fell, and struck her left side on a stone, and soon afterwards experienced a severe lancinating pain in the part whenever she took a deep inspiration. This has continued ever since, and about a fortnight ago it increased so much that she could not continue her employment. At this time she suffered a severe rigor, which was followed by fever, and a constant, short, dry cough—or, at least, with very little expectoration. She was bled, and took two pills that operated as a brisk purgative, three days before she came into the hospital; but she experienced no relief. On the 25th of March, the day of her admission, she complained of heat and pain in the region of the heart, shooting through to the left scapula and shoulder; this was greatly increased in severity each time she coughed, which was every half minute or oftener, and she could not bear to take a deep inspiration, on account of the suffering which it induced. It was also greatly increased by pressure between the ribs, or percussion on the precordial region, and still more by pressing upwards underneath the left hypochondrium. She could not rest on the affected side; she felt also uncomfortable if she turned on the right side, and was easy only when lying on her back, or sitting up, and inclining forwards. The pulse was 84, small, irregular, and with an evident thrill; the tongue was coated, but the appetite not defective. The bowels were confined. On percussion the resonance of the affected region was dull, and the stethoscope indicated a bellows murmur accompanying the sound of the ventricular systole. There was no distinct undulatory impulse. She was ordered to be cupped over the pained part to the extent of ℥xx, and to take, immediately afterwards, the following pill:—

℞ *Calomelanos* gr. j; *Antimonii Tartratis et Potassæ* gr. ¼; *Opii Extracti* gr. jss; ft. pilula.

A blister was also directed to be applied on the side, and the fourth part of a mixture, consisting of eight minims of hydrocyanic acid in eight fluid ounces of water, to be taken every fourth hour. Low diet.

27. She was much relieved by the cupping, and had enjoyed some sleep; the cough however continued nearly as frequent as before, although its influence on the side was less powerful. The pulse had sunk to 72, and was small and feeble; the tongue was cleaner than yesterday. The bowels were ordered to be opened with a black dose, and the mixture continued.

28. She was nearly in the same state as yesterday; she was, therefore, ordered to be bled at the arm to the extent of ℥x, and to continue the mixture.

30. The pain of the precordial region, although greatly relieved, yet was not removed, and the cough continued. The pulse was 72, the tongue cleaner, and the bowels open. She was ordered two spoonfuls of the following mixture every fourth hour.

℞ *Antimonii Tart.* gr. vj; *Aquæ Distillatæ* f.℥vj. Misce.

April 1. The pain of the side was greatly abated, indeed she said it was gone, except when she coughed, which was only occasionally. She was ordered to take the mixture once in six instead of four hours.

2. The improvement is progressive, but she still feels much pain on pressure, and coughs occasionally; the tongue is more loaded, and the digestive organs are evidently more disordered than they were. There is still also a bellows murmur accompanying the ventricular systole, but no decided undulating impulse. The pulse is feeble, free from jerking, and more steady than it was. The tartar emetic was discontinued, and a grain of calomel,

a grain of ipecacuanha, and two grains of extract of conium, in a pill, were ordered to be taken every sixth hour.

Although the symptoms of this case closely correspond with those of pericarditis, which I consider it to be, yet it must be confessed that there is scarcely any disease in which the diagnosis is more difficult than in this affection of the pericardium. The fall which the patient suffered is one most likely to produce the disease, which is more frequently the result of rheumatic metastasis, or blows, or external injury, than of any other causes. The pain in the immediate region of the heart, increased by pressure on the intercostal spaces, and more especially by pressure upwards underneath the left hypochondrium; the short, frequent, dry cough; the relief procured from the sitting posture, with an inclination forward; and the irregularity and thrill of the pulse, are also strongly indicative of pericarditis, but at the same time there are circumstances that render the diagnosis still obscure. Thus the impulse of the heart is by no means so great as usually occurs even in chronic pericarditis, nor is the pulse of that jerking kind which is usually present. But instances have occurred in which no unsteadiness of the pulse could be detected. Another circumstance which renders the diagnosis somewhat obscure is the absence of any undulatory impulse, yet it must be admitted that hydropericardium is to be regarded rather as a sequel of pericarditis, when the excess of the previous inflammatory action has produced an atonic condition of the general system.

The diseases with which pericarditis is most likely to be confounded are pleurisy and peripneumony; in the former, however, if the aid of the stethoscope be called in, we find œgophony, in conjunction with extensive dulness on percussion; and in the latter we recognise the crepitous rhonchus, with defective respiratory murmur; whereas, in pericarditis, the ventricular systole is unusually sonorous, and accompanied with the bellows murmur, unless the action of the heart is feeble and faltering; and, in the latter stages of the attack, if much fluid be present in the pericardium, the dulness on percussion is much more extensive than either in pleurisy or peripneumony, and the undulatory impulse is evident.

In a mild, or subacute form of the disease, such as we have had to treat, the prognosis may be favourable; but, in general, the acute disease does not admit of such a satisfactory opinion; and no inflammatory affection is more liable to return than pericarditis, or is more to be dreaded, even after the excitement appears completely subdued, on account of its consequences.

With respect to the treatment of this case, the first object was to produce a prompt effect on the inflamed organ, and I preferred, for this purpose, cupping to general venesection, as I have seen a full local bleeding of this kind, more than once, knock down every formidable symptom. The intention of the hydrocyanic acid was to allay the irritable condition of the respiratory muscles, and that of the bronchial membrane, so as to prevent that constant agitation which the cough excited, and which, tending to aggravate the pain, was likely to keep up or renew the inflammatory state of the pericardium. There is no difficulty in conceiving that the utmost advantage is likely to result from thus preventing reactions, and, as it were, paralysing the heart; and if this condition can be maintained for a couple of days, we may generally anticipate the possibility of controlling the disease by whatever after treatment the circumstances of the case may require. In fulfilling this indication, a continuation of calomel and opium may be first administered, but afterwards a direct sedative, such as hydrocyanic acid, is preferable to a narcotic,—the primary stimulant action of which is sometimes more hurtful than the tranquillity, which its secondary influence produces, is beneficial. Besides preventing reaction, the hydrocyanic acid is, also, useful in allaying morbid sensibility; for it is an undoubted fact, that inflammation is sometimes kept up by the mere continuance of pain. A second bleeding, in this instance, was required; but after it the counter-irritant plan was adopted with the view of preventing the effusion of lymph, which there was reason for thinking had not yet occurred; or if it had, I was in hopes that, by determining from the diseased organ, any which was poured out might be taken up. It is only upon this principle that the power of tartar emetic in causing the absorption of inflammatory effusions can be explained, and experience has fully established the fact, that counter-irritation is especially requisite in chronic inflammation. In very severe attacks of the disease, mercury carried to ptyalism is indicated; and you will perceive that I have now ordered it, even in the present improved condition of the patient; but it is in very moderate doses, and is intended to combat the remaining inflammatory action that, as it were, lingers in the part, although not in a degree to demand the continuation of more vigorous measures.

In all cases in which inflammation has

assumed a chronic form, and is little under the control of either general or local blood-letting, mercury may be employed with great expectation of advantage. For this purpose it is not necessary to prescribe it in the enormous doses which are sometimes given. I have never seen any greater advantage derived in cases such as this, from such large doses, than from a more moderate and cautious administration of the remedy. It is only in cases where the stomach is in a highly irritable condition; or where a powerful impression is required to be immediately produced, that large doses are advisable. As the appetite is not greatly impaired, and the habits of our patient are those of self-indulgence, much is to be feared from the least excess of diet, until the action of the heart has been permanently restored to its natural state.

TYPHUS; *treated chiefly by Calomel.*

In the cases of Mary Homan and Sarah Glasgow, the advantages of treating fevers of a typhoid character with mercurials, carried to the extent of ptyalism, has again been clearly demonstrated. In both cases the administration of the calomel was commenced immediately after the abstraction of blood by leeches from the temples.

In the one case, that of Glasgow, it was given in doses of a grain, combined with half a grain of opium, and repeated every six hours. It displayed its effects on the salivary glands, on the third day afterwards; and, immediately this was obvious, the tension and tenderness of the abdomen gave way; the tongue became moist and cleaner; the pulse fell from 112 to 72; the delirium abated; the temperature of the surface was lowered, and the skin lost its dry arid feeling, and became soft and moist. The head was assiduously kept cool during the whole progress of the disease, and the strength maintained by the infusion of yellow bark and muriatic acid, as soon as the tongue became moist.

In the case of Homan, in which the symptoms ran higher than in the former, the pulse being 136, small, and irregular, on her admission, with great restlessness and much delirium; a hot pungent skin, the tongue dry, brown, with a dark streak in the centre, and the edges of a deep-red colour, the urine scanty, and the bowels purged; the calomel was administered in doses of a grain and a half three times a day, and washed down with gr. $\frac{1}{8}$ of tartar emetic dissolved in f.3ij of distilled water. The tartar emetic was preferred to the opium, in this case, on account of the determination to the chest, indicated by violent cough, with dyspnœa. Leeches were applied to the temples and the chest, and the shaved scalp was kept cool with an evaporating lotion. The use of the calomel was commenced on the 7th of March, and on the 13th the mouth was affected. As the symptoms gradually yielded, the intervals between the doses were prolonged, and on the 16th the calomel was discontinued; but, nevertheless, the ptyalism was copious on the 20th, and it was not completely subdued till the 27th. The threatening symptoms began to give way immediately after the mouth was affected; the cough ceased, and the patient continuing to improve, she became convalescent on the 27th, and left the Hospital on the 1st of April.

Now, it is not my intention to attempt to explain to you the manner in which calomel produces this obviously salutary change in continued fever; to do so would involve the question of the proximate cause of fever, upon which, although many hypotheses have been raised, yet no opinion that is fully satisfactory to the mind has yet been given. If I have a bias to any of them, it is to that which regards fever as an affection of the capillaries throughout the body. It is undoubted that this system, as well as the nervous, is greatly disturbed in fever; and if we admit that secretion depends on, or is regulated by, nervous energy, it is easy to conceive that peculiar conditions of the nervous system may render the capillaries susceptible of those exciting causes which set up inflammation, or something like it, in the general frame. But I fear that I am wandering into the very labyrinth of hypothesis which I have just endeavoured to guard you against; in returning to simple matter of fact, we must admit that we know no more of fever than what we learn from its *effects*, which, as well as the remedies that prove favourable in combating it, are mere matters of observation. Now, if we take observation for our guide, the beneficial influence of mercurial preparations in all fevers in which inflammation is present, with a dry foul tongue, and especially in conjunction with that deep-red colour of the edges or uncovered parts which indicates great gastric irritation, is conspicuous. It is unnecessary to give it in large doses; on the contrary, smaller doses, frequently repeated, sooner effect that change of the capillary action which moistens the tongue; and in such doses it rarely fails to purge sufficiently, after the bowels have been once fairly cleared out, either by a large dose of calomel or by other means. Wherever there are local determinations, it is always proper to preface the administration of the calomel by local blood-letting, which is prefer-

able to general bleeding, except in full plethoric subjects; at least such is the result of my experience. I have seen fevers treated and terminate successfully without mercury; but a greater number of those that have been treated with it have done well, than those in which it has not been given. In some cases of fever the habit seems to resist obstinately the mercurial influence; but I have little hesitation in saying, that where it cleans and moistens the tongue, and displays its influence moderately on the gums, we almost immediately perceive a favourable change in all the local inflammatory symptoms; and we may with confidence pronounce that recovery may be anticipated. It is by no means necessary to carry the affection of the mouth to the extent which was produced in Homan's case; but, if it should happen, no harm, except the temporary inconvenience of a sore mouth, can follow; the further use of the remedy, however, should be immediately discontinued, and means taken to abate the local action on the salivary glands. It is remarkable how much more rapidly mercurial action abates when it has been induced in fevers than in other diseased conditions of the habit. It has been asserted that the calomel never gets into the habit until the febrile action yields; and, consequently, that it is extremely problematical whether the benefit derived can be truly ascribed to the mercury; but when we perceive that the improvement always follows the action of the mercurial on the mouth, I think that we are fully justified in referring the benefit to that remedy. As with every medicine of an active kind, both caution and judgment are requisite in prescribing it; and it is not more likely to do harm in secondary syphilis when pushed beyond a certain point, than it is when carried too far in fever.

SEVERE CASE OF

UTERINE GASTRODYNIA,

TREATED SUCCESSFULLY,

By JOHN FOSBROKE, M.D, *Physician to the Ross Dispensary, Herefordshire.*

THE following rather uncommon case occurred in private practice. I was requested on the 16th of April 1833 to see a respectable unmarried female, ætat. about 33, of mild and placid character. She was afflicted with horrible pain, chiefly after eating, at about the lower extremity of the stomach, also with pain in the right hypogastric region, which she said she could cover with her hand. The surface of the part affected seemed stretched, as though something were lodged within, and could not pass onwards, and the pain was so exquisite that she wished to thrust a knife into the part. The pain in this second situation would extend from the space described, towards the left colon, at such time as the contents of the alimentary tube appeared to be passing in that tract. The pain, both in the lower portion of the stomach and in the right colic region, was increased by everything swallowed that was cold or acid. She was affected also with profuse leucorrhœa, with severe aching in the back, distressing cough at night, and extreme chilliness. Nothing but a sight of this invalid could convey an idea of the corpse-like squalor of her countenance, its anxious expression, and her extreme debility. Pulse almost imperceptible; bowels &c. regular.

She was attacked about twelve months before, after exposure to wet and cold, with great chilliness of the hands and feet, (in the latter of which she is very susceptible of cold), cramp in the bowels, and pain in the back and side, which were followed, in October 1832, by inflammation of the chest, for which she was *bled three times. The present complaint then became fixed,* and she tried tonics and other remedies for it without relief. Mr. Rootes, a long-established practitioner at Ross, of considerable scientific attainments, gave her quinine, which produced some mitigation of the symptoms, for a period.

I directed fourteen leeches to be applied to the hemorrhoidal region, and advised a diet chiefly consisting of meat, without vegetables, fermented liquors, or pastry; and, as a remedy; ℞ *Ol. Copaibæ Ess.* ʒij; *Sp. Vin. Rect.* ʒss; *Tr. Lyttæ* gtt. xl; *Syr. Zingib., Muc. Acac.*, aa. ʒj; *Tr. Hyoscyam., Acid. Nitric.*, aa. ʒj; *Inf. Humuli Strob.* ʒiij. M. Dos. coch. magna iij ter die; for night pills. R. *Subn. Bismuth.* gr. xxx; *Ext. Hyoscyam.* gr. xxj; *Pulv. Capsici* gr. x.—*Ipec.* gr. iv. *Ol. Rutæ Gravcol.* q. s. M. et div. in pil. xij. Dos. ij h. s.—The acid of the mixture disagreed with her, and I therefore gave her on the 20th of April; ℞ *Ol. Copaibæ Ess.* ʒss; *Tr. Cubeb.* ʒss. *Tr. Lyttæ et Hyoscyam.* aa. ʒj. *Syr. Zingib. Muc. Acac.* aa. ʒj. M. Dos. coch. magna iij ter die.

On the 26th of April she was no better, and the fluor albus was profuse. I then directed her to take; R. *Conf. Pip. Nigri, Ferri Carb., Pulv. Cubeb.*, aa. ʒss. *Syr. Zingib.* q. s. P. Elect. Dos. coch. min. bis terve die.—Dr. Latham's soothing plaster for the burning pain of the enteritis erythematica of the Milbank Penitentiary was applied to the tortured parts

of the abdomen, and to the back. On the 1st of May the cough was relieved by the electuary, but still the leucorrhœa continued great, and the excessive pains at the pylorus and cæco-colic region remained unabated. The plaster gave support to the back, but produced no other effect but that of causing drowsiness. After this date I tried pills of Nit. of Silver, Camphor, and Musk. I was not aware that the odorous drugs and narcotics excited great irritation in her habit, till these pills produced wandering, and wakefulness, and "shook her all over." She then resumed the electuary of Carbonate of Iron, and used a Sulphate-of-Zinc injection for the whites.

On the 7th of May the leucorrhœa was somewhat restrained by the injection, and so far she felt a little better, but the gastro-abdominal pain was unchanged. I now gave her, ℞ *Pil. Ferri Co.* gr. v. Dos. Pil. ij vel iij, c. gtt. seq. ex aqua.—℞ *Tr. Ferri Mur., Lyttæ*, aa. 3ij; *Benz. Co.* 3j. M. She persevered with this last variation of her medicines for twenty days (up to May 27), but the pain rather increased than diminished. A blister of the size of a half-a-crown piece was applied to the seat of the intestinal pain, but the debility was too great to admit of her bearing the discharge. Last of all she took Lugol's solution of Iodiuretted Hydriodate of Potass, which was most grateful to her, and seemed to act on the leucorrhœa, but not on the other affections.

Having made trial of remedies thus far, and discovered their uselessness, I advised immediate removal to the sea air, and in June she went to Weston-super-Mare, and tried cold and hot bathing, but found both to disagree with her, and produce a chilling effect. Becoming no better she removed to Bristol, where Dr. Brock saw her, and very judiciously inserted two setons in the loins, which was followed by diminution of the spinal irritation and leucorrhœa, and of the pain of the stomach after eating; but as the Bristol air did not satisfy her, she made a third remove, to the sheltered and beautiful situation of the estuaries of the Severn and Wye at Chepstow, where she continued till the middle of September. In this air her general health decidedly improved, and the pains were considerably abated. At the end of August I thought the time had come when the stomach would not only be capable of bearing, but when its improving tone would receive an accelerating impulse from the Carb. Ferri, which I had given in vain from the 26th of April to the middle of May. I prescribed therefore *Carb. Ferri, Ext. Chicoriæ (Succory)*, aa. gr. iij. M., ft. Pilula. Dos. j bis die, augente ad 8 vel 10. That agent which had *before completely failed*, now acted *like a charm* on the pain of the stomach and right hypogastrium! After every successive dose she was able to eat a fuller dinner with rapidly diminishing pain, but she could not bear more than two or three pills at a time. Her countenance, instead of being pallid as death, and loose in flesh, was restored to a more natural and brownish complexion, and exhibited a closer firmness of tissue. He returned to Ross on September the 16th, and attributed her cure to the diminution of the leucorrhœa and spinal irritation by the two setons introduced by Dr. Brock; to the invigorating air of Chepstow, and to the removal of the gastro-abdominal pain, by the carbonate of iron. She has continued from September 1833 to the present time, 1835, in fair health for a delicate person, and free from any return of this frightful malady, and is now married.

Remarks.—The stomach, as every one knows, is liable to participate in affections of the uterus, and the uterus, reciprocally, in affections of the stomach. This case is very interesting, because it is illustrative of a peculiar gastrodynia dependent on the connexion between the two organs. The late Professor Gregory alluded in his lectures to something of the kind, under the denomination of the "chlorotic gastralgia." M. Martinet, less obscurely, but cursorily, speaks of a severe gastrodynia which "so generally accompanies leucorrhœa." But M. Trousseau, the eminent clinical lecturer at the *Hotel Dieu*, a perspicacious and sound observer of diseased action, and M. Bonnet, have lately given a dozen cases of this chlorotic gastralgia in a more definite form, concurring with amenorrhœa, leucorrhœa, and similar uterine affections. Of these cases, which do not appear to have been well understood, my own is the most severe I have hitherto seen on record. M. Trousseau mentions one of a very similar kind, which was mistaken for chronic inflammation of the stomach (gastrite), and even cancer of the pylorus. It commenced after occasional irregularity, headach, and general indisposition, with a spasmodic pain of the stomach, sometimes resembling a weight, sometimes a pricking; it came on at intervals of several days, gradually grew worse, and at last returned every day or two, till the patient suffered so much after every meal, and even after every single spoonful of food, especially of animal food, that she almost starved herself.

Mr. Liston says, "No man can be always wise, or always fortunate; he who

pretends to invariable success must be either a knave or a fool." I confess that I rather suspected than saw clearly at first the precise nature of this case, and the combination of the affection of the uterus with that of the stomach, notwithstanding the solicitude which I always feel to give a sound and conclusive opinion on every difficult case which I meet with in public or private practice. So far as I could localize the pain, it was evidently seated, as to one point, in the lower valve of the stomach, and as to the second point, at a part corresponding to the ileo-cæcal valve, and it was manifestly exasperated by the passage of aliment through those two valves. But what was the character of the diseased action? Had it been inflammation, it would have reached its termination before I saw her; and, besides, it *followed three blood-lettings*, to which the ingenious Dr. Dickson of Cheltenham, entertaining the views which he does, would probably have ascribed it. Was it neuralgia? She had had severe rheumatic pain subsequently to a fall, an action akin to and often blended with neuralgia, and so far shedding a dim analytic light upon the disposition of the constitution? Was the spinal cord, which is sometimes the primary source of such affections, connected with the symptoms? In what tissue was it situated? Dr. Parry says, that nervous and spasmodic affections of the stomach are seated in the muscular coat, either merely locally, or as a part of the nervous system in general, endued with a morbid degree of irritability, and the symptoms of dyspepsia do not occur in those affections. The elegant Uvedale Price observes, that all men of average good understanding may alike acquire a knowledge of the principles of medical practice, but that it is in the difference of judgment and discrimination with which men apply those principles, that superiority or inferiority of medical skill consists. I have been told by the bar, that some men will see the point of law in a case at once almost unerringly, while others will fag all their lives, and hit it only by accident. The same rule applies to physicians: one will seize the discriminating point, the characteristic symptoms of a case, with certainty; others will give the case a wrong name, and, consequently, prescribe wrong remedies, and yet often, for other causes and qualities, slaughter away, and pass with their friends and patients for "very clever fellows."

After duly weighing the above question, and inclining, at the conclusion, to the neuralgic view of the case, its resistance to those remedies under which M. Martinet speaks of it as disappearing quickly, whilst the discharge from the vagina is at the same time diminished, did not seem to confirm that view,—*wherefore* will presently appear. The practitioner will perceive that my principle of treatment was directed to the leucorrhœa, with an eye to the stomach at the same time; but the stomach had declined into a far too weak and irritable state to bear the agents. I have treated females with chronic inflammation or irritability of the stomach, in which strong medicines were poisons, and the most delicate management was necessary. Change of air was obviously in this case the only tonic to effect an improvement of the constitution, and, through the constitution, such a recovery of the tone of the stomach, as would enable the patient to bear, or even digest remedies. When I was under apprenticeship at Worthing to Mr. Morrah, a man of intellect in his profession, I observed examples of persons who were brought there in the last stages of decumbent debility, from natural causes, indulgence in fashionable excitement, dissipation, &c., who were restored by air almost alone. But none but the puffers of watering places, who are capable of asserting anything, and who with a stroke of the quill can raise a visionary "grove in the fens of Lincolnshire," will pretend to say that the air of any one place in particular is the best in the world for everybody. The effects of the air of any given place, though generally salubrious, are very various on different persons. I have known a gentleman, who enjoyed full health at Ramsgate, lose his sexual powers on coming to Cheltenham; I have known another go from Cheltenham to the sea-side, and find himself obliged to return to Cheltenham to regain the health which he had lost by the change, and many other circumstances of the same kind. In talking with French officers of their campaigns, they told me that change of country was generally injurious to the constitutions of those who were in full health when upon their native soil; perhaps Providence has designed as a law of nature, to a certain extent, that human beings should flourish, like plants, some on one soil and some on another, that some should be fixed to one spot and some scattered. It is an old saying at Bath, that "it is a fine place for the healthy to go to get ill, and the sick to recover." I remember that my own growth ceased for five years from the time I left the bold air of the banks of the Wye for the softer southern climate of Sussex; my eldest sister went to a school for three years at Croyden in Surrey, and never became an inch taller afterwards. The South-of-England climate blights and

stunts the mountain race like the wretched trees on their coasts, which only grow sideways, and that crookedly. Nature accommodates man generally to the country in which he is destined to live, and does not always favour his roaming from it. I did not choose to send this case into the strong air of Wales, for even if patients improve in a very exciting air, I think they often fall back as rapidly upon losing its stimulus, and I recommended her to move about until she should find air that would suit her. Weston and the Hot Wells failed, but Chepstow had the desired effect.

Professor Gregory recommended in chlorotic dyspepsia and gastralgia the carb. ferri and ext. cinchonæ p. e., or sulph. sodæ, carb. sodæ, sulph. ferri, and tr. gent. co. Martinet also advises preparations of iron, as chalybeate waters and filings, and bitters, such as the hop. MM. Trousseau and Bouchet recommend carb. ferri, and ext. of succory, with a diet of stewed fruit, prunes, &c., the cure being generally to be effected in three weeks; but the iron to be continued for two or three months. Leeching of the epigm., demulcent drinks, fruit and whey diet, (wine and coffee, being prohibited,) and all other means of treatment, have hitherto failed, or merely abated the distress. Bismuth, which is so successful in common gastrodynia, generally fails in cases which are "connected with functional lesion of the genital system." In the case of a single lady at Cheltenham, I removed a severe gastrodynia, and a painful state of menstruation, from irritable uterus which accompanied it, with the bismuth. Both affections had been much increased by the irritating and debilitating influence of blue pill, prescribed *par routine* by a VIEILLE PERRUQUE of the old school of doctors, who could not see that his mercury was a poison to the particular constitution with which he had to deal. But there is a preference given to mere age, which age only deserves, when discrimination and experience are improved and not deteriorated by a white head. Trousseau gives 24 to 48 gr. of sulph. bismuth at a dose in these cases of stomachic origin, and injects linseed decoction into the vagina, "for cold, by the immediate reaction which it excites, increases considerably the heat which women who are afflicted with this nervous affection generally feel *in the generative organs*."

I shall finish by observing, that, looking at the difference between the effect which the carb. of iron had at Ross, and afterwards at Chepstow, in the case here reported, there may be a degree of debility, particularly of the stomach, and in females perhaps more than in men, in which the stimulus of a tonic increases rather than diminishes the disease; and that tonics should be given only when a spontaneous improvement of tone indicates them, and evinces the disposition of the organ to act in concert with them. I consider that the different circumstances, in this respect, under which it was given, at the two separate periods, account for its failure in the first, and its decisively beneficial influence in the second instance.

Ross, 17th April, 1835.

CÆSAREAN OPERATION

PERFORMED

THREE TIMES WITH SUCCESS ON THE SAME WOMAN.

In the German medical journal *Abhandlungen aus dem Gebiete der Geburtshülfe* (Ed. G. A. Michaelis), Keil, 1833, we find the following case, in which Drs. ZWANCK, WIEDEMANN, and MICHAELIS, were the operators, and which we now analyse and present to the English reader. The subject of the report was a female, who had suffered so much from rickets and softening of the bones during childhood, that she did not commence to walk (and then moved only with difficulty) at the age of twelve years.

At the period of her second pregnancy her stature did not exceed four feet (Prussian measure), and the vertebral column was excessively curved at the lumbar region: the pelvis, when examined internally, appeared very much contracted from behind forwards; the antero-posterior diameter, from the lower edge of the symphysis to the promontory, was two and a quarter to two and a half inches, and that of the inlet was estimated at two inches. The cavity of the sacrum was not well marked, and the perineum was very small.

The course of the first pregnancy was regular, and labour came on at the end of forty weeks: as the head appeared to remain immoveable above the inlet of the pelvis, the child was turned and the forceps applied, but without effect, and the assistance of another physician was required.

As the child appeared still to live, it was determined to perform the Cæsarean operation, and in order to prepare the patient twelve leeches were applied to the abdomen, and she was ordered an emulsion containing some nitre.

The operation was performed on the

following morning, by Dr. Zwanck, June 18, by an incision which divided the linea alba. Dr. Seidel supported the parts exposed by this incision, with a cloth steeped in oil; one or two folds of intestine protruded near the lower extremity of the wound, but they were soon returned: an incision was now made into the uterus, and the child and placenta were extracted at the same time. A sharp hemorrhage from the division of the uterus was arrested by dropping cold water on it, and the organ became firmly contracted.

The child, a boy weighing about seven pounds, showed traces of recent death. The wound was closed with sticking-plaster, covered with charpie, and supported by a bandage. The treatment at first was strictly antiphlogistic, and half a grain of acetate of morphine was administered every day: by degrees a more strengthening regimen, bark &c., was substituted. The discharge through the wound was moderate, and after three weeks it was completely closed: on the 20th of July the patient might be considered as cured, and the menstrual discharge returned eight weeks after the operation.

Dr. Zwanck attributes the excellent sleep enjoyed by the patient to the use of the morphine, which thus contributed to prevent the development of various accidents.

[The rapid cure and the absence of every dangerous symptom in the present case, are remarkable circumstances; and although the use of the morphine, and abstinence from the suture which is generally employed, may appear to account for the success of the operation, yet other reports prove that a perfect cure may be obtained, under favourable conditions, when the constitution is sound and the patient is submissive, without our having recourse to this last resource.]

The above-mentioned female became pregnant a second time, after a lapse of three years, and was brought to the lying-in hospital of Kiel, in December 1829. Since the last operation it was manifest that the uterus was united to the parietes of the abdomen at the inferior portion of the cicatrix; and on the coming on of the labour pains, the extent of the union could be sufficiently perceived by the wrinkled lines produced in certain points; the diameter of this might amount to one and a half inches. Upon internal examination the fœtus or its position could not be felt, but externally it was found that the buttocks lay upon the pubis. At the commencement of January (the last month of her pregnancy), the patient complained frequently of severe tension of the abdominal parietes. Enlarged veins were seen to cross the old cicatrix, the leech-bites partially opened, and one furnished a good deal of blood.

Labour commenced in the night of January 1830. On the morning of the 21st the os uteri began to dilate, and at four o'clock p.m. its dilatation was about three fingers. The membranes now gave way, and a foot was distinguished. Under these circumstances the Cæsarean operation was performed by Dr. Wiedemann, who preferred making his first incision along the left side of the linea alba. The placenta immediately presented itself in the wound. This was removed, the left arm of the child was seized, and the infant itself was extracted as far as the head. A contraction of the uterus soon set in, and the head followed a gentle traction. The child, a female, seven pounds in weight, was born alive. On this occasion three points of suture were applied, according to Graefe's plan, a small pledget of lint was laid in the lower angle of the wound, and the whole was dressed with sticking-plaster, lint, &c. The progress of the wound now also was favourable, and in the beginning of March it was all cicatrized except in a few small spots. The secretion of milk appeared during this time, and the child took the breast, but died on the 19th of February from a species of endurcissement of the skin. Up to the middle of March a few points of the wound remained unclosed, and on examination there was found a fistulous orifice from which on pressure a little mucus-like fluid exuded. After several attempts to find the direction of the canal, the sound penetrated more than an inch into the uterus, which lay close under the cicatrix, and was firmly united to the integuments of the abdomen. Injections thrown into the fistula passed out through the vagina, and a muco-purulent fluid, in some quantity, also now came away through this channel. The fistula uteri resisted all attempts made to heal it, up to the patient's departure in March, although sometimes it appeared for a few days to be closed with a thin pellicle of skin. The whole anterior surface of the uterus now appeared to be united to the abdominal parietes, and the organ was so much drawn up that the os uteri could scarcely be reached above the os pubis with the finger.

The third pregnancy took place in June 1831. At this time the fistula was healed, and the patient had commenced to menstruate soon after her departure from the institution. She returned in March 1832, and in the end of the same month labour

set in, when M. Michaelis (for the third time) performed the Cæsarean operation. He made his incision on the left side of the second cicatrix, and extracted a male child weighing 6¾ pounds. The placenta was easily loosened and brought away likewise. A severe hemorrhage, which followed the removal of the placenta, was arrested by dropping water from a sponge moderately elevated above the wound. The latter was dressed in such a manner as to guard against future hemorrhage. The patient's state continued favourable, and on the 16th of May only a few small points of the cicatrix were open, and these soon healed. The patient left the institution on the 27th, and since that time has continued to enjoy most excellent health.

This highly interesting and remarkable case gives M. Michaelis an opportunity of delivering some judicious remarks on the Cæsarean operation, to a few of which we shall allude.

1st. On the operations which have been performed several times with success on the same female. He refers to ten cases as the only ones to which no doubt can be attached.

2nd Cases in which the second operation was followed by the death of the mother; and also examples of pregnancy after the Cæsarean section.

3rd. M. Michaelis strongly condemns the practice of suture, as likely to bring on inflammation, and hence he applies them as seldom as possible.

4th. The author notices 110 cases in which this operation was performed; of these 62 died and 48 recovered. If we seek the causes of death, we find,—From the immediate impression of the operation 2; convulsions 2; debility 3; hemorrhage 7; meteorismus 3; effusion into the abdomen without inflammation or hemorrhage 3; excessive softening of the bones 1; diarrhœa 1; inflammation 13; gangrene 8.

In order to calm the first impression of the operation, the author recommends the plentiful use of opium, and mentions that one of the patients took as much as 20 grs. of the acetate of morphine in the first few days. Experience has also convinced him, that perhaps the most important point of all in the treatment is, the early and sufficient emptying of the intestinal canal, which is the best means of promoting the discharge of the lochia. The 110 operations already noticed gave birth to 67 living, 29 dead, and 4 asphyxiated children: but perhaps the most curious circumstance of all is, the difference of mortality for the cases of repeated operation. 15 patients who had been operated upon became pregnant a second or third time, so as to furnish 18 cases; as 2 died from accidental laceration of the uterus, it remains to consider only 16: of these, 11 were operated upon with success for the mother, and 5 unsuccessfully for the mother: 8 children were saved and 7 died. Thus, if we take the relation of the above 16 cases, we find that the cures are to the deaths, in cases where the operation is performed for a second or third time, as 11 to 5, while the general mortality, or rather the relation of cures to deaths, is as 4 to 3 nearly.

PHARMACEUTICAL PREPARATIONS.

To the Editor of THE LANCET.

SIR,—Although there is much of *truth* in the observations of "J. T." upon "deceptions in pharmacy," contained at page 73 of your journal for April 18, perhaps you will do me the favour to insert a few remarks in reply to them. Far be it from me, at the same time, to advocate any attempt to adulterate the formulæ as set forth by the Royal College of Physicians, and however desirable it is (as I acknowledge) to have some invariable standard as a "text-book" to look up to, yet it is well known that the directions in the Pharmacopœia are not infallible, but are subject to many exceptions, to say nothing of the various improvements which have been suggested by several eminent chemists in the processes &c. therein recommended. If, therefore, the efficacy or agency of the compound be not diminished, what harm can result from substituting more economical modes of preparation, especially when they are chiefly (if not entirely) confined to the employment of them in private practice, and not to the dispensing of prescriptions? I shall follow "J. T." in the order he has set forth.

Aquæ.—Distilled water is to be met with at most chemists'. There is more uniformity of strength in the medicated waters formed by rubbing the essence with sugar or magnesia, and decanting the clear fluid without filtering. As they are generally used only as "elegant vehicles for the exhibition of more active remedies," would it not be better if the London College would issue a form in their next pharmacopœia for these essences to be used extemporaneously, expunging the whole of the distilled waters as useless and unnecessary? Many cogent reasons might be urged for this, such as their variety of strength, their ropy and decomposed state when long kept, &c., unless subjected to

a second rectification, which, I need not add, is seldom performed.

Cerata.—The most important circumstance, as Dr. A. T. Thomson justly observes, in these preparations, is the *freshness* of the fat and oils employed; now if the same care be taken in this respect, no disadvantage can acrue. Indeed, my own experience, of full thirty years' extent, in the comparative power of animal over vegetable oils in the cicatrization of wounds, is decidedly in favour of the former. As to the essential oil of savine as a substitute for the proper mode of making the cerate, I am ignorant whether its effects are the same or not.

Confectiones.—For the honour of the profession it is to be hoped that "J.T.'s" accusation is limited to very few. These, as well as most other medicines, may generally be depended on as genuine, when obtained from respectable houses.

Decocta.—Of the mode of preparing those of Sarsaparilla, there is much difference of opinion. Dr. Paris and Mr. Brande are advocates for long boiling; Dr. A. T. Thomson is against it. On the decision of this question must depend the efficacy or inefficacy of the substituted extracts.

Extracta.—Great improvement has lately been introduced with respect to these, of which it is the duty of the College to avail itself. If made according to Mr. Barry's plan, *in vacuo*, or even that of Mr. Battley (vide *Lond. Med. Repos.*, vol. iv. p. 198), cause for the complaint of "J. T." would not exist.

Infusa.—If the statements under this and the former head be true, how necessary is it that proper persons should be appointed as *Inspectors* who should visit these places of "resort for the spider," and be authorized to scatter the despoiled barks, leaves, &c., into the streets! This affords me the opportunity of noticing 'Bass's Concentrated Infusions'—at all times a ready and useful substitute for those in the Pharmacopœia, with one exception, viz., Inf. Sennæ, which certainly, in keeping, deposits some of its *Cathartine*.

Olea.—The adulterations may in general be detected; and when it is known that foreign oils are weaker, and require a larger quantity, where will the economist be found who would purchase them?

Spiritus.—What is stated by "J. T." under this title is not worthy of remark.

Syrupi.—If there were fewer of these *spoilable* preparations, it would be better. As to the sirup of poppies, that which is prepared with the extract instead of the decoction, possesses the same virtues, and is of a more uniform strength, namely, one grain of the extract to an ounce of sirup. The decomposition of these solutions depends on the temperature in which they are kept, as well as the quantity of sugar they contain.

Tinctura.—Dr. A. T. Thomson states in his little Conspectus, that "Tinctures should always be prepared by the Apothecary," which would silence the objection applied to druggists.

Unguenta.—The substitution of lard for oil, &c. The same remark made under "Cerates" will apply here. In compounding the mercurial ointment "to save time," it is well known that a small portion of the *old*, reserved for the purpose, will facilitate the diffusion of the mercury, and render adulteration unnecessary, which, however, may be suspected from its darker colour.

I conclude with "J. T." in the hope that a remedy for the practices and neglect alluded to by him is not very distant.

I am, sir, your obedient servant,

April 28th, 1835. S. G.

DUBLIN COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—It would afford considerable gratification to me and others in the same predicament if you would advise us how to act at the present moment. You of course know the distinction between a member and a licentiate of the Dublin College. The rank of *member* is the highest step of Collegiate promotion, and to him belong all the rights and privileges which the profession can of itself bestow on a man. The grade of *licentiate* is little more than an upper rank of student, with liberty to practise, if the party can obtain practice, for he is in great measure prevented from so doing by the stigma of inferiority which his title brings upon him. Such is his condition out of doors, while within the College he is received merely on sufferance, has no voice in any one concern, and is made to feel his inferiority in a variety of ways, painful and humiliating enough to any one who has the spirit of independence within him, and who feels a perfect equality of station and ability with those who are around him.

You must also know, that the terms of our license state, that we are "eligible to become members," without any restriction whatever. This is, to be sure, inconsistently enough, contradicted by a by-law, which enacts, that no licentiate can be balloted for until he has been engaged in

practice for the term of four years. However, we do not quarrel with that by-law; it may be just, it may be useful; but surely we have a right to protest against the present conduct of the College, which outrages everything of honour, faith, and common justice. We have been seduced, I may say, into the profession by the promulgation of what may upon the whole be called fair and open terms; we accepted the conditions, we have conscientiously fulfilled our part of the contract, and now, Sir, when we have arrived at a stage whence there is no retreating, faith is broken with us, and we are denied, in the most unjust and insulting manner, those honours and advantages arising therefrom, for which we solemnly stipulated with men who take no step in their corporate capacity without the awful sanction of an oath on the Gospels. We are stopped short in our professional career—we have a badge of unmerited inferiority and degradation stamped upon us—we are insulted within doors—we are despised abroad, for Messrs. Colles and Cusack have openly declared *that they will blackball* any licentiate who may be proposed, without regard to merit or character. This they *can* do by ordering to the election their former apprentices, and this they *will* do, being determined to maintain themselves, their protegés, and their system, upon their present unmerited and injurious position.

Thus, Sir, we are eligible to become "members;" we desire to possess our just, our undenied, our undeniable, rights; but we fear to venture on *the ballot*, lest a faction, for I can give them no other name, which is now in possession of the College, may fix a further stigma upon our characters, the real merits of which the public may not rightly understand. *We* are degraded, insulted, injured, for we are deprived not only of offices and honours but emoluments too, which are attainable by members only, while *the College* is of course deprived of the income derivable from admission fees, so high as thirty guineas per member.

It may appear improbable that the members of the College at large should countenance such unjustifiable conduct. They do not, sir. Those who *are not* interested in the present system, or *do not expect to be* interested—in a word, those who are independent, and lay any claim to reflection and justice, are all strongly opposed to such unjust tyranny; but the voice and good feeling of the respectable portion of the profession, which is the majority, are stifled and controlled by the selfish injustice of an ignorant but dominant faction—a faction sustained in their present eminent position by no single merit of their own, but by the single fact that they most unjustly monopolize at once in their own persons the several offices of hospital-surgeons, professors, examiners, license-granters, law-makers (*in which* capacity of course they have not neglected their own interests), and, *therefore*, great apprentice-holders. From the latter circumstance an individual may control from ten to twenty voices in what is called a democratic assembly—a power which, I have no hesitation in saying, a selfish regard to private interests has most grossly, most infamously perverted to the worst of purposes, and this to the no small injury of science and public morality, the degradation of the profession, and the eternal disgrace of the College.

It may be asked, in objection, how then is the income of the College to be maintained, when the fees on the admission of members are stopped, as stated above? Why, Sir, by opening *a free trade* in licenses. A license can now be had on easier terms from the R. C. S. in Ireland than from any similar institution in the empire. Impossible! it may be answered; have you not the half-yearly examinations and the final examination for letters testimonial? Yes, we have; but perhaps there never was a greater imposition or a more absurd farce, solemnly got up for apparently useful purposes, than these examinations: it was a mere scheme to keep appearances before the public, but really to increase the influence of the school, swell the number of its pupils, and aim a death-blow at private establishments; it has succeeded nearly but not quite so well as the designers could wish; the public are completely gulled; their pupils, if not increased in numbers, are preserved from falling off. The examinations are a complete humbug; for, let me ask, what value, what advantage towards science or knowledge *can* there be in filtering through classes, however populous, some four, five, or six times, by the self-same knot of examiners, the self-same threadbare anatomical descriptions and surgical *points*, already delivered ex cathedrâ by the examiners aforesaid—for be it remembered that the hospital-surgeons, the professors, the half-yearly examiners, the final examiners, the granters of licenses, aye, and the absorbers of emoluments, are all one and the same clique. What *use*, I say, can there be in such proceedings, even though aided by the tributary system of grinding, which is merely a similar manipulation carried on by persons educated in the same school and "up to the same points," and between whose mills and the College School a complete and money-making re-

ciprocity-system is established. But even supposing there is value in this scheme of education, which I positively deny (I do not mean to the professors and grinders, for that is notorious, but to the public and to science), what *dependence* for the honest and fair performance of their duties can be placed on men who, despite the oaths they have taken to maintain the honour, dignity, and true interests of the College and the profession, are guilty of * * * * * * * * * be considered honour, justice, and common decency, in private life; and two of them, * * * * * publicly convicted of a mutual conspiracy, to turn their public trust to * * * * * * * * * of private gain?

And this is called "education" and "science!" Why, Sir, if the present state of things be allowed to continue long, the medical profession will soon, at least as far as the College is concerned, forget even the proper meaning of the terms.

But, further, it may naturally be asked, in objection, *why* are the interests of science—the honour and interests of the profession, thus scandalously abused and violated?—Why is this absurd and perverted system of what is misnamed "education" suffered, not to say fostered?—Why is this disgraceful scene of immorality publicly enacted?—Why is this gross wrong so injuriously inflicted on an innocent and unoffending class of persons?—*How* are men enabled to perpetrate this job? The answers to these and several similar questions are easily supplied:—First, That one of the parties in the College, his brother-in-law, and his ten or twelve nominees and associates, may derive handsome fortunes by the system. Secondly, That as few facilities as possible may be afforded to others of gratifying their honourable ambition, and no standing ground at all, if possible, be allowed them whereon to take their position before the public, lest Messrs. Corporators be stripped of their stolen plumes and reduced to their proper dimensions. And, Thirdly, That this nefarious system, the support of which swallows up all the attention, the energy, and the substance of the College, may not be interfered with by the common-sense portion of the professional public.

So much for the *why*. The *how*, the *quo modo*, I have in fact already explained. The monopolists have, through the apprenticeship system, a certain number of fellows always at hand, who, equal in their anxiety to forward the interests of science, and filled with the most elevated and ennobling sentiments, are always ready to pronounce their "aye" or "no," according to orders from head quarters, content to receive as a reward the gracious favour and approbation of a Jacob or a Cusack, or, some few of them, to look forward to that happy era when they themselves shall become the oracles of corruption and impudent pedantry.

I have now, Sir, declared our case, I have canvassed a few of the objections that might be urged against the credibility of my statement, I have in some measure discussed the cause of this unjust exclusion from the membership practised against us. It remains now to inquire what is the remedy. I confess I see but one—viz. that of putting in practice the old maxim—"*causa sublata*," &c. From the good faith and justice of the College we have nothing to expect, at least so long as its present management continues. We have already clearly seen, that the *cause* and object of all our evils is the maintenance of *the school*,—the machine whereby its promoters make their fortunes, and force themselves into practice. They are well aware,—indeed they have had hints not to be misunderstood, from all the Licentiates last elected,—that the general opinion of the professional public is totally against the establishment. They know that it is an ordinary elementary school, conducted on very questionable principles, and by very second-rate persons. They know that it is false to call it "the *College* School," thereby implying, *ad captandum vulgus*, that it is the result of the assembled wisdom of the College, planned on the best principles, by its ablest members. They know that it is a rank job, which costs them a great deal of money, and yields fruit to the professors only. They know that it is an incumbrance to the College, unworthy of that institution, and unsuited to the times. They know that so long as it is in existence, no worthy object will receive attention or patronage from the College, and there never will be peace or harmony in it. They know that nothing can be more unjust or absurd than to exhaust the public stock purse, in order to maintain a job which enriches about a thirtieth part of the surgical profession, and beggars and oppresses the remainder. They know this and much more, and they yearn to be rid of this school. But these sentiments are well understood by the school clique, and being able to command majorities at present, and confident that these would disappear were justice done to the Licentiates, they have determined to blackball them *all* without reserve.

There is however to be an exception on the 4th of May, next quarter day. Upon that day two licentiates are to be balloted

for,—Mr. Nunn, more notorious for his submission than his spirit, and Mr. West, a nephew of one of the jobbers. The event is tolerably well anticipated. They will both come in. Mr. Nunn is now thought not to be a very dangerous man; at all events he will save appearances, and cover the entrance of Mr. West, who will also neutralize the liberality of the former, should the worst come to the worst.

But I have already trespassed perhaps too far on your pages: before I conclude, however, let me state that the sentiments which I have expressed proceed from no selfish motive. The writer of this has not a shilling funded in any private school, but he sees no other way to obtain for himself and his brethren their just rights, than that of directing the tide of public opinion through the instrumentality of the public press against a useless, an injurious, and an oppressive machine, guided by corruptionists, who place the love of gain above every noble principle that can animate the human breast.

Your most obedient,

A LICENTIATE OF THE R.C.S. IN IRELAND.

Dublin, April 20th, 1835.

OFFICE OF SURGEON IN THE WORKHOUSE,

ST. MARTIN'S IN THE FIELDS.

To the Editor of THE LANCET.

SIR,—The polite offer which you made in THE LANCET of the 18th instant, relative to the recent change in the medical department of the parish of St. Martin-in-the-Fields, induced me to anticipate with considerable curiosity, an attempt on the part of my successor to justify the means by which he procured the appointment, feeling convinced as I did that those means were, in a professional point of view, altogether indefensible. Mr. Bainbridge, however, not having availed himself of the opportunity so kindly offered of vindicating himself in your valuable journal, I can but infer that he conceives silence to be the most *prudent* policy; and am therefore emboldened by a knowledge of your strict sense of right, to submit to you the simple facts of the case, in the full conviction that you will at once perceive that the mode in which my dismissal has been accomplished bears strongly the marks of both injustice and dishonour.

In the first place, Sir, I have filled the office for more than ten years, and all that it becomes me to say is, that I am unconscious of having *caused* dissatisfaction—certainly unconscious of dissatisfaction having been in any quarter *expressed*. During the whole of this period I have never in any way interfered with either political or parochial affairs, resolved not to render myself obnoxious to the complaints of either the one party or the other. On the 31st of March, however (without the slightest notice, it then wanting three months to the usual time of election), I received my dismissal, of which I have taken the liberty to enclose a copy, in order that you may observe that no reason is assigned for the act, but that the churchwardens &c. were "fully sensible of the high character which I had always evinced for professional skill, and of my humane and charitable disposition." I was of course naturally anxious to ascertain the cause of my being dismissed in a manner so unusual; but all that I have been able up to the present time to learn amounts to this—that *Mr. Bainbridge desired to have the appointment*. He was solicited even by Mr. Churchwarden Simpson his friend to relinquish his claim, as he considered that I had always effectually discharged my duty. But Mr. Bainbridge, resolved on having the appointment, as a reward for his parochial exertions, stating that "if he did not have it then, he should stand no chance of obtaining it in future."

Now, Sir, as a member of the profession—a profession of which you have ever most strenuously endeavoured to maintain the respectability—you will perceive that the means by which this change has been effected, would, if generally adopted, attach indelible dishonour to us all.

I am, Sir, desirous of injuring no man, but I feel that the facts of a proceeding of this description ought not in justice to be withheld. I therefore trust that you will deem the affair of sufficient importance to give it publicity, as a means of checking the spread of a practice, which, should it generally obtain, must render our profession no longer worthy of being designated either liberal or respectable. I have the honour to be, with the greatest respect, Sir, your obedient servant,

THOMAS GOZNA.

21, Leicester-square, April 28, 1835.

*** The note of dismissal which Mr. Gozna received from the parochial officers has been mislaid, or we would have inserted it in this place. The extract, however, which Mr. Gozna has introduced into the foregoing letter we had an opportunity of seeing was correctly taken, before the paper escaped from our hands. —ED. L.

The Fourth Annual Report of the Resident Physician and Treasurer of the Middlesex Pauper Lunatic Asylum. London, pp. 12.

We feel the most sincere satisfaction in placing the following extract from the above Report before our readers. The subjects which it embraces are of vast importance to the community, and must be deeply interesting in a scientific point of view to the medical philosopher. There is more of quackery connected with the treatment of insane people in England than in any other country of Europe, and we should be rejoiced if we could state that there was in it less of cruelty than of quackery.

Dr. Ellis, the author of the report, and the resident physician in the asylum, adverts to the circumstance of the patients not being admitted into the country establishment until, in many instances, so long a time has elapsed that the disease is permanently established. This is a point of so much importance that it ought to engage the immediate attention of the magistrates; for if such an evil be permitted to continue, the early application of the means of cure will be so thoroughly obstructed that there will be little chance of reducing, permanently, the number of insane paupers who may obtain admission into the asylum. We trust that the managers will perceive, on reflection, that it will be an act of great cruelty to retain in the asylum those individuals who are positively known to be incurable, to the exclusion of persons whose affliction, being of recent date, will probably admit, under the treatment adopted in the building, of an early restoration to health of body and soundness of mind:—

"From the great length of time during which nearly all the patients in the Asylum at the close of last year had been insane previous to their admission, it was stated in the Report, that, on a careful examination of each individual case, not more than fifty, under the most favourable point of view, could be considered curable. This opinion has been too sadly verified. Of the patients then in the house, only twenty-five have been discharged cured; though it will be seen, by reference to the annexed table, that eighteen out of twenty of those received within three months from the commencement of the attack have recovered, and returned to their friends. Unfortunately, the evil resulting from the patients not being placed in the Asylum immediately on their insanity being discovered is not likely to diminish; for, as the house is now quite full, no fresh patients can be received, except on vacancies occurring from the cures or deaths of some of the present inmates; and the applications for admission are so numerous, that, with the utmost success that can be hoped for in cures, many months must now elapse after an application has been made before the patient can be received. The insanity must, therefore, be expected to become confirmed before the advantages of this institution are tried; and, after the diseased action of the brain has continued for some months, the erroneous notions become so fixed in the mind, that the utmost that can generally be effected is, by a course of kind and firm discipline, to procure the sufferer a season of repose to enable him, as long as he is kept secluded from every exciting cause, to divert his attention by some useful employment, and to pass through life in a moderate degree of comfort and tranquillity.

"But an individual under these circumstances is totally inadequate to contend with the difficulties of life; and if, from having, whilst under restraint, conducted himself for a length of time with propriety, and without having exhibited any symptoms of insanity, he is again thought fitted to venture into the busy world, it too frequently happens, that repeated disappointments, and one anxious feeling being succeeded by another, cause an unsettled state of mind, which is followed by a recurrence of all the symptoms of his former disease. There are however some instances in which cases of this kind, apparently hopeless, by perseverance in the system of occupation afforded by this institution, have been permanently cured. The following case, amongst several others of somewhat similar description, is a remarkable illustration of this fact:—

"A. B., aged 43, a mechanic, of a sanguine temperament, active mind, naturally kind-hearted, sober, and industrious, became insane in consequence of the loss of property and the reckless conduct of a drunken wife. He was first sent to a private madhouse, and afterwards to a public hospital, where he remained a year and seven days, his probationary time, when he was discharged and brought here as a dangerous patient, and expected to remain for life. After making observations on his character for some time with great care,

he was permitted to be employed. He felt grateful for the confidence reposed in him, and gradually went on improving in his ability to work at his trade, and in recovering the tone of his mental powers. After some weeks the officer in the department in which he was occupied was taken ill with rheumatism, which disabled him from working at his business. This produced an increased desire in the patient to render himself useful, and from this time his recovery became rapid. His mind occupied by his business, and at the same time being actively employed, he had no longer any leisure in the day to indulge in fanciful delusions, and wearied by useful labour, he slept soundly during the night. Long after he appeared perfectly sane, his sense of hearing was morbidly affected. He fancied he heard various sounds and the whispering of voices, but that by degrees left him. He was discharged cured in about five months, and has remained so to the present time, though he has had much to contend with that would have driven reason from her seat in many a strong mind. Since his recovery he has repeatedly said, that, had he remained where he was, that blessing would never have taken place; for, being surrounded only with the naked walls of his room, galleries, and airing courts, he was without one single object before him to occupy his mind.

"But any one, who traces the progress of the disease, will be convinced, that, notwithstanding the mind may sometimes regain its tone when left entirely to itself, yet the want of proper employment, still existing in the greater part of the asylums for the insane, is most unfavourable to their recovery. When the mind, after long excitement, from either moral or physical causes, begins to assume a moderate state of quiescence, and in a small degree to cease its discursive wanderings, it is evident that, unless some object be presented to it which will occupy its attention without producing too much fatigue, its natural tendency will be to dwell upon its own erroneous imaginations, until the phantoms it has conjured up became identified with itself. The experience of twenty years has confirmed this view of the case, and shown that, to dissipate such delusions, constant, energetic employment is the sole remedy that can be relied upon. The only plausible argument that can be urged against it is the fear of some injury being done by the patients with the tools intrusted to them. On this account every instrument is carefully removed out of their reach; and in many hospitals none of them are even permitted to take their food with a knife and fork, but are only furnished with a spoon. This arises from its being erroneously supposed, that, because a man is insane on one point, he will most probably act in all cases violently and irrationally. But the truth is, that, in insanity, the natural disposition of the individual influences his conduct, except in particular points on which he is insane, in the same manner as it would if he were perfectly rational; and the majority of the insane, when not under excitement from the disease (in which case it would, of course, be improper for them to be employed), would be as little willing to do any harm with their tools as would the same number of sane persons. Care and discrimination are, of course, necessary; but with these, long experience has proved that the system of employment is attended with much less danger than is usually apprehended. In this institution, during the present year, occupation has been carried to a much greater extent than at any former period, the average number employed being 320. No additional servants have been engaged in the domestic parts of the establishment, notwithstanding the increased number of the patients. There is still but one cook, one laundry maid, and one sane person, in short, at the head of every department, the work being done by the patients, under their direction.

"In former years considerable difficulty has been experienced in finding occupation for them in the winter months, particularly as the inhabitants of this part of the country are generally unaccustomed to any in-door manufacturing employments. This, in a great measure, has been overcome, by having procured persons to teach them the spinning of twine, making pottle-baskets for fruit, picking, carding, and spinning wool for the making of mops, together with the manufacturing of straw hats and bonnets. This is done, not only for the use of the whole 570 patients, but a quantity of them have been sold. Six persons have also been taught to make shoes within the year, who before were totally ignorant of that business. The active bustle excited by these means has produced the most salutary effects, and many of the patients, who, before it took place, were obliged to be confined to keep them from mischief, and from destroying their clothes, are now daily amusing themselves in some of these varied avocations as their fancy dictates. In fact, a very large proportion of the patients, with the exception of the imbecile and fatuous, are now stimulated to make an attempt to employ themselves usefully, from merely imitating the others; and, of however little value their work may be,

the attempting to do something useful gives them a little feeling of self-importance, and in some measure seems to connect them with society.

"In the last report it was stated, that, in a great number of cases, both amongst the men and the women, the insanity had been caused by spirit-drinking. It is to be lamented that this ensnaring vice has continued to be productive of the same misery in the year that is just past. Many cases have been brought to us, which, from the symptoms they have exhibited, were no doubt the consequence of this practice; and applications have lately been made for the admission of others, in which intemperance has been stated as the sole cause. Nor can this be wondered at, when it is recollected, that, at this period of the year, the worse than foolish custom of giving Christmas boxes to all the lower classes of society so generally prevails. These donations in their origin were, no doubt, given for the purpose of, and expended in, procuring the little comforts which every kind heart would wish their fellow-creatures to enjoy, with sobriety, at this returning season. But not only has the general necessity for these gifts, in money at least, long since ceased, from the circumstances of the receivers being so materially changed; but the mode of expending the donation has now so greatly changed also, that it has in reality become a serious evil. There are, no doubt, many worthy exceptions; but a great mass of the people from this source devote themselves, as long as the means last, to drunkenness, and sink themselves to the lowest depths of human degradation; the dram-shop only reaping the benefit; whilst many a sorrowful wife in her heart laments that such temptations are offered to vice and indolence.

"During the year 1834, 122 patients have been admitted, forty-nine cured, six discharged by desire of their friends, and fifty-eight have died, one of them by his own hands. The proportion of the deaths this year is unusually small. With the exception of cholera, which again visited the establishment in August, the patients have been remarkably healthy; four died of this appalling disease. Those attacked were all in one ward, on the male side of the house. On its former visitation, the females were the only sufferers.

"It is quite impossible that any benevolent mind can be made acquainted with all these various circumstances connected with this pitiable part of our fellow creatures, without being affected both by many painful and pleasurable feelings; sorrow, that there is such a mass of human suffering from this disease, without any hope of alleviation; and thankfulness, that, amidst the various improvements and ameliorations that have taken place throughout the land by every species of distress, the insane paupers have at last not been forgotten: remembering, too, that each one may be more or less interested in the progressive improvement that takes place in its treatment, for it is a calamity that makes no distinction in its objects. The most exalted rank, and the poorest peasant, the vivacity of youth, the sedateness of age, the brightest genius, and the dullest intellect, are alike its victims; so that no one can feel assured, that he, or some who are near and dear to him, may not, in the order of Providence, be called upon to suffer from its humiliating effects."

A Series of Twenty Plates illustrating the Causes of Displacement in the various Fractures of the Bones of the Extremities. By G. W. Hind, M. R. C. S. L., formerly House Surg. to the Middlesex Hosp., and late Curator to the Mus. of Anat. in the Univ. of Lon.—London, Taylor, 1835. Folio, pp. 48.

This volume forms a very splendid book,—the result of much labour. It is calculated to answer every purpose that the practitioner can desire in a work of the kind.

The undertaking is a highly laudable one, especially on this ground, that it will tend to reduce the treatment of fractures to those scientific and unerring principles on which alone their treatment should be founded. In almost every town, we have still remaining of the old barber-surgeon school a race of bone-setters, who, acting in all cases in utter ignorance of the causes of displacements and fractures, occasionally subject their patients to much unnecessary pain, and who, in some instances, with a view to depress portions of bone which are really in their natural situations, but which, from a change of place of other portions, appear to be preternaturally elevated, resort to so much pressure as to lead to the destruction of the limb, and occasionally to the loss of life. Such a work, then, as this, is calculated in an eminent degree to abolish empiricism in the treatment of fractures. The subject of "causes" is always an admirable one for inquiry. We

wish we could see more of it in reference to medicine.

The plates are executed in a fine, free, and bold style, and have been *completed* by the lithographer in view of the recent subject, in a style of which Mr. Hind justly says, that while "it differs from that which is usually adopted, it is more consistent with the character of bone and muscle than that which is generally in use." Each plate is placed in juxta-position with the letter-press, which is divided into "references," "causes of fracture," "appearances and cause of displacement," and "treatment." The work is dedicated to Sir Charles Bell, and will, we are sure, repay the author (a rare result in modern literature) for the pains and expense which he has incurred in its execution.

Portrait of Dupuytren. Published by H. Renshaw, London.

On no occasion is the pencil of the artist employed with greater advantage than in tracing the features of those great and distinguished men who confer benefits on their country and on mankind. Portraits of distinguished personages are always sought after with avidity, because there is a desire, an inherent desire, with individuals of inquiring minds, to behold the nearest pictorial approach to those discoverers and labourers in the field of science, from whom the studious and the philosophical may have profited in the way of pleasure or instruction. Baron Dupuytren has been one of the most distinguished men of our times, and in that department of medicine in which he more especially exercised his great talents, he maintained a position which not one could reach, and which for many years was not approximated by any surgeon in Europe, with the single exception of our distinguished countryman Astley Cooper. Having already presented our readers with a memoir of Dupuytren, it is unnecessary for us to say anything here in addition to that article, our present object being simply to speak of the merits of the portrait now before us, which we can with atisfaction describe as a very characteristic and faithful performance. As a drawing the print is well executed, and as a resemblance to the great original it is admirable.

THE LANCET.

London, Saturday, May 2, 1835.

Science and empiricism were never, at any period in the history of medicine, in a more jointly flourishing condition than at the present moment. The weed seems to derived nutriment from the cultivation of the flower, and they both spring up with equal luxuriance almost in one bed. Indeed, the same genius and industry which have brought forth splendid reasonings and brilliant discoveries, have stimulated into noxious activity the growth of fiction, imitation, and pretension. It is strange, yet true, that the most extravagant abuse of the human intellect has hitherto been observable in those ages of the world which have been the most refined; just as the most civilized eras have produced the worst instances of abandonment of moral principle, and the vilest of characters. Indeed, the struggle or collision of honourable and gifted minds, would appear to expand the capacities and excite the invention of depraved and selfish dulness to maintain its place in the arena of competition.

Unhappily the state of medical practice in these countries has been but too favourable to the production of those extremes which its records daily exhibit. Being the most uncertain, because the most difficult, of all pursuits which have been dignified by the name of Science, no means of a systematic description have ever been attempted here, and scarcely in other countries, to establish certain principles, or any tribunal, by which the extent of the utility and the

proper application of medicine might be ascertained and regulated. For three thousand years the science has been permitted to descend the troubled stream of time without a helm or a compass, floating at the mercy of every adventurer who chose to use it as an engine of interested imposition. So far as its economical machinery and its means of furthering the legitimate objects of the science and developing the truth of their attainment are concerned, it is little better now than it was in the days of CHIRON and PODALIRIUS. The absence of some systematic plan of regulation, it is true, has not entirely prevented the improvement of medicine, but there can be no doubt that its advancement has been materially retarded from the want of a code of guiding laws, and encumbered with a mass of accompaniments, hostile in effect to the success of medicine, and mischievous in design. It is in vain to array before us the alleged benefits which have flowed from the establishment of societies, universities, colleges, and incorporated hospitals; or to appeal to the supposed influence of the press in modern times, in opposition to the tide of empiricism and pretension. To these institutions we certainly ought to have looked for the *prevention*, or at least for the limitation, of the various abuses and misapplications of the science. But what have those powers of control achieved? Let the history and present condition of the profession, its character and the mass of its literature, answer the question. Instead of standing between the selfish ingenuity of those who would convert a noble and humane pursuit into an instrument of imposture and aggrandizement, and the attainment of their objects, these institutions have themselves repeatedly fallen in with vulgar artifices, and pandered to the propensities which they should have checked in the germ. If it be said that they have acted more prudently in leaving the evil to correct itself, in allowing the wilderness to prune and correct its own noxious or useless exuberances, why, the non-accomplishment of the object, manifested even in the current medical literature of the day, nine tenths of which consist of repetitions or plagiarisms, and the struggles which are maintained in every shape and form for notoriety, will alone furnish replies to the objection. In fact, however, the relation in which the science and its professors have hitherto stood to society at large, has precluded the adoption of such a course. Even at the present day, the well-informed portions of the community do but *believe* in the reputed efficacy and doctrines of medicine. Their conformity to the contradictory ordinances imposed upon them by various practitioners in this and other countries, is but an obedience resulting exclusively from *faith*. Whether what medicines they take, or the explanations they receive, of the agency of drugs, be right or wrong, they know not, and the members of the profession are resorted to, much on the same grounds as supernatural agency was had recourse to in the early ages of mankind; and though the "spell" and the "charm" are no longer worked by the hands of the necromancer, though the "altar" and the "god" have crumbled into dust, it is to be feared that ESCULAPIUS and his priests still hover over us, and are consulted with as much credulity and ignorance as ever.

The account to which this unenlightened condition of society on medical subjects has been turned, is declared in the innumerable forms in which the PROTEUS of empiricism manifests itself, as well through the press as in the intercourse of society. To enumerate the artifices which are adopted to attract notoriety, would be an endless undertaking. The great bulk of the practice of the science, in these countries, is addressed, when records of it

appear in print, exclusively to a public which is incapable of judging of its merits, and authorship has now become so general, and is so well understood, that great numbers regard it as indispensable to their success in life. It is by no means uncommon to write a "book," and pay two or three hundred pounds to agents to advertise it in all the journals of the country, the author believing that this is a certain mode of obtaining notoriety. The mere repetition of his name, two hundred pounds worth of times, in cheap advertisements in the country papers, is expected to establish the author as a man of professional talent. Hence the quantity of ignorant, and oftentimes knowingly erroneous trash, which fills the majority of our works on medicine throughout the empire. To this overwhelming tide of falsehood and ignorance, the great majority of the press, that faithless volunteer in the defence of truth, offers not the slightest resistance. On the contrary it is animated by a similar spirit, and even promotes the current of error by an interested lenity and indulgence. To review a work now in any other tone than that in which it is written, be the object of the work what it may, is considered unprofessional and quite improper in non-professional periodicals, and highly personal in numerous "professional" journals. Criticism has thus put aside its armour, and fondled (with few exceptions, which are the personal ones) every bantling of ignorance and self-interest in its fostering arms. The severe but salutary discipline of reason and investigation has been exchanged for the dalliance of falsehood and the manufacture of threadbare compliment. To so disgusting an extent has this traffic in sycophancy been carried of late years, that there are few lovers of truth and true friends of science who would not about as soon read a modern medical review as they would take a draft of puddle-water. Each would affect the sensorium about alike. The time however has arrived when the truth must be told; and some better means than we at present possess be devised for checking the systematic propagation of error and absurdity. If no more reputable mode of subsistence exist than that of aiding and abetting those who make a trade of drugging mankind, and then attempting to palliate the effects by absurd explanations of them, it would be better to support them on the Pension List, and thus suffer a direct instead of an indirect taxation. As an example of the extent to which the evil we have been deploring is carried, we shall refer to a series of communications published in one of the oldest of the medical journals, *the Edinburgh*, and probably follow up the observations by noticing the contents of other Journals for the same purpose. Most of these communications, it should be observed, are the essays of men placed in official situations, as teachers and practitioners, from whom something more than the idle gossip of hospital wards and the consulting-room might be expected. Yet more. These effusions emanate from a society professing to exercise a critical authority in the selection of its papers for publication; and from whom the profession would expect examples of a judicious selection from the cases read before the society. But, notwithstanding the professed character of this association, and the functions which it professes to exercise over contributions of this kind, the papers before us are of the most meagre and unprofitable description. They commence with a series of reports entitled "Cases of Anomalous Affections of the Respiratory Organs." By a Dr. GAIRDNER of Edinburgh. The first of this group details the case of a man aged 35 years, of healthy constitution, who, some time after his family had in September last been seized with pertussis, began to cough violently in fits, attributed, on suspicion, by Dr. GAIRDNER, to a second attack of whooping-cough, which the patient is said to have had in a well-marked form in his infancy. During the interval

which elapsed between the latter part of September and the beginning of October, the disease continued as it had commenced, when it became aggravated to such an extent that the patient is described as having roared in a manner so frantic that his family and his neighbours were terrified at the noise. A constriction about the upper part of the trachea, and a sense of suffocation, were the prominent symptoms in these paroxysms, which continued from time to time up to the February following, when the disease altogether left him. The stethoscope threw no light on the seat of these symptoms; nor did the various narcotic and antispasmodic medicines seem to afford him any relief. And what of all this? How far is our knowledge extended by this silly instance of negative description? It really reminds us of the fourth and fifth editions of the newspapers during the late war, which stopped the press from time to time to inform the *quid nunc* of the London coffee-rooms "that no more news had arrived." A man happens to take the whooping-cough, or to be affected with some other form of spasmodic cough; and because his physician can neither cure him nor tell what is the matter with him,—because, in short, all that his medical attendant knows about the patient resolves itself into profound ignorance, *he* must fly to a learned society, and *they* to the press, as a relief for his disappointment! This case is followed by another from the same hand, entitled "A Peculiar Convulsive Affection of the Respiratory Muscles." In 1825, Dr. GAIRDNER was called to see a lady of seventeen years of age, who was affected with a spasmodic action of the respiratory muscles, producing a sound somewhat similar to that of cough, but much louder and more shrill. This sound is finally described as something between a cough and a howl, occurring every five or six seconds during her waking hours, and entirely leaving her during sleep. The tone of her voice, in speaking, remained unaltered, and she had the power of suspending the cough for a very short space of time in conversation. The *catamenia* were at first scanty; but the disease continued long after their regularity had been established. She laboured under this affection for more than two years and a half; the attacks coming on at irregular intervals, and lasting from a fortnight to three days. Antispasmodic, tonic, purgative, and califacient medicines were employed; but the writer thinks that the purgatives alone were serviceable. Of these the tincture of black hellebore appeared to answer the best! A letter from a Dr. BELL informs us that for six years afterwards, during which time he knew her, she was subject to occasional but mitigated attacks of the complaint. This case leaves us just as wise as the other. Its pathology and ultimate decline are involved in similar obscurity. All we learn from them is, that Dr. GAIRDNER has some tact in naming things which are unknown: the first case was "anomalous," the second "peculiar," and a third, which the doctor borrows from a friend to make up a *trio*, is called "a *remarkable* case of sneezing!" The subject of this affection was a boy aged thirteen years, of a delicate constitution. When seen by a Dr. BEILBY, who relates the story, he had been affected with a constant sneezing for three weeks, at first in rather violent fits, with intervals of many minutes; but afterwards occurring from three to six times every minute. Blisters behind the ears, free purging, and injections of olive oil into the nostrils, were first employed; afterwards, carbonate of iron was administered, and the patient was exposed to cold air, the disease gradually declining, and nearly disappearing in March, after having lasted from the month of January previous.

We leave the subject here until our space allows us to match these instances with others, culled from the fields around us which are so fruitful of similar illustrations.

THE conduct of the Poor-Law Commissioners in the Farringdon case has excited throughout the profession a very strong sensation. In some instances there has been indignation, in others there has been disappointment, the feelings which have

been aroused being characteristic of the particular interests which have been affected by the two courses of procedure taken by the Commissioners. That a marked degree of favour was at first shown towards the traders in diplomas in Lincoln's-Inn-Fields, is not at all extraordinary, because Mr. FRANKLAND LEWIS, the Chief Commissioner, was placed on the medical Committee in the House of Commons as the defender and champion of the Lincoln's-Inn-Fields monopolists. It was a grand day for the Council when Mr. FRANKLAND LEWIS was appointed Chief Poor-Law Commissioner. What a hit for the Diplomatry! Doubtless the prophetic speculation of the junto ran thus:—"Here are glorious prospects! The "new Poor-Law Act places the whole of "the workhouses of England and Wales "under the control of these Commis-"sioners, at the head of whom is our own "friend and champion FRANKLAND LEWIS. "A simple hint to him will be sufficient. "He must be told that no medical prac-"titioner ought, in conscience, to have "the care of the poor if he be not a mem-"ber of our College,—if he have not "bought his parchment at our shop." What a pity that so ingenious and liberal a speculation should be so speedily followed by such unfortunate and degrading results! All the physicians of the empire were to be excluded,—all the surgeons of the Scotch and Irish Colleges, all the licentiates of the Apothecaries' Company were to be banished for ever from official parochial practice, because they had not proved their capability of paying twenty-two guineas over the counter of Messrs. BELFOUR, STONE, LAWRENCE, GUTHRIE, and Co., at the manufactory in Lincoln's-Inn-Fields.

But Mr. COLEY, of Bridgnorth, whose letter on this subject was inserted at page 125 of THE LANCET of last week, contends, "that if the Commissioners were to "admit all the licentiates of the Apothe-"caries' Company, merely by virtue of "their license, to practise surgery indis-"criminately on the parochial poor, they "(the Commissioners) would be acting in "open defiance of *the law*, as expounded "by *our ablest judges*." Pray, Mr. COLEY, in what page of what book do you find "this law," and where are we to find the names of these "ablest of our judges?" There is *no such law*; there are *no such judges*. As for the Commissioners, the Act under which they exercise their functions has placed them *above* the law, so far as magistrates, judges, and medical colleges and universities, are concerned. In short, with the exception of a very few misdeeds, they are amenable to no authority but the legislature.

But is Mr. COLEY really serious when he would have us infer, from what he states, that the diploma of the College of Surgeons in Lincoln's-Inn Fields, furnishes even an *indication*—still less a *proof*—of the surgical talents of its possessor? Mr. COLEY is, assuredly, satirizing at the expense of the all-but-exploded College. There is not in Europe an institution which makes any pretension to be distinguished, which has a lower reputation, a really *lower reputation*, than that of the London College of Surgeons. Young men having more money than wit, purchase the diploma because they are enabled thereby to call themselves "Members of the College," and to make it appear to their friends and to the least-discerning portion of the community, that they have challenged and undergone an examination into their medical acquirements, before a competent authority; but as a test of *ability*, the diploma is scouted by every man of sense and discrimination in the country, who knows aught of medical reputation, or of the manner in which the institution in Lincoln's-Inn-Fields is governed. That college is, in fact, one foul,

hideous mass of unseemly corruption. It is a compound of tyranny, knavery, and malice, rendered still more odious by an admixture of the basest apostacy that ever disgraced the character of English surgeons. If Mr. COLEY be really serious in his assertions, we must tell him that he knows nothing of the constitution of the College of Surgeons,—of the value or the utility of its purchased diploma.

Equally wrong is our respected correspondent in the law of the case, which, with regard to apothecaries and surgeons in England, stands thus:—An apothecary cannot practise as such in England or Wales unless he holds a license from the Apothecaries' Company, or practised as an apothecary on or before the 1st of August, 1815. Any man, on the contrary, may practise *surgery*, according to the present state of the law, without subjecting himself to the infliction of a penalty; and not the least curious part of the law is this,—that if two practitioners, one being qualified by law to practise, and the other holding no legal qualification, commit mistakes in discharging their professional duties, the law makes no distinction whatever in the cases of the persons, or in the persons of the cases; and Mr. COLEY himself must recollect that the judge who presided at the trial of that notorious quack, JOHN LONG, stated, that in a charge of *mala praxis*, in medicine, the law could make no distinction between the prisoner at the bar and the president of the first of our medical colleges, if that functionary were placed in the same situation. Assuredly, then, as the law admits the right of any man to undertake the duties of a surgeon, it cannot be presumed that that right is disturbed—that it is either abrogated or impaired—because the individual who happens to exercise the prescriptive privilege superadds to it the license of the Apothecaries' Company, which he derives under the parliamentary statute of 1815. Mr. COLEY must not understand from what we are saying that we view with approbation the present state of medical law; for, in truth, we look upon it with horror, as he may well conceive from the efforts which we have made during so many years past to get it amended.

Probably, the most cutting part of the joke against the College of Surgeons to be found in the letter of Mr. COLEY, is presented to us in the following passage:—"In the present state of the law," says Mr. COLEY, "the only safe alternative which "the Commissioners can adopt, appears to "me to be either to confide the practice of "surgery and medicine to the members of "one of the Royal Colleges of Surgeons in "Great Brita n, as far as regards the paro-"chial poor, or to appoint a surgeon and an "apothecary to every parish or union of "parishes in England and Wales." Never,—considering what has been the history of the College of Surgeons in Lincoln's-Inn-Fields,—was there advanced a more extraordinary proposition. Of course the adoption of its concluding portion is out of the question. In the country, away from the great towns, the race of *mere* apothecaries is extinct. It is almost so in the metropolis. The PENNINGTONS, the NUSSEYS, the TUPPERS, and the RIDOUTS, are fast dying away, and, *despite* the odious and distracting divisions prescribed by the Colleges, medicine is taking its proper station with one class of practitioners. We mean, of course, by that class, those persons who have received a practical medical education in all its diversified branches. We mean, necessarily, surgeons in general practice. Take, then, the first alternative of Mr. COLEY's proposition, where he advises that, so far as regards the parochial poor, the Commissioners should "confine the "practice of surgery and medicine to the "members of one of the Royal Col-

"leges of Surgeons in Great Britain." *Confine the practice of surgery and medicine to the members of the College in Lincoln's-Inn-Fields!* If this proposal be intended as a joke, it is unique. If it be intended for adoption, it is one of the most unsound and unfortunate schemes that was ever proposed relative to the practice of medicine. Does not Mr. COLEY know that the Junto in Lincoln's-Inn-Fields treat the study and practice of "medicine" with such insulting neglect and contempt that, to this very day, every surgeon in the metropolis, and elsewhere, who takes upon himself any one of the duties of an apothecary, is for ever excluded from a seat in the Council, and is thus allowed to take no part whatever in the deliberative and executive affairs of the College? Nor is this all. The individual who fools away his money for the diploma is not asked a single question connected with his knowledge of the theory or practice of medicine. And yet this parchmentized, diplomatized personage is to be the individual whom the commissioners are to select as a fit person to be entrusted with the medical treatment of the sick poor of England and Wales! That a vast number of the members of the College of Surgeons are men of distinguished talents, none will have the temerity or the injustice to deny; but then it is not because they are members of the College that they are distinguished. Their own industry and natural abilities have been brought into operation by the principle of competition, that great and universal power which exercises so universal a control over all human beings who live in a state of civilized society. Persons undertake the duties of medical practice in order to obtain for themselves a respectable station in the world, and in the hope of becoming surrounded by those comforts and domestic advantages which ought to result from the judicious exercise of the high functions which legitimately belong to the office of a medical practioner. Competition has hitherto done every thing in medicine. The College is nothing. The emulative spirit of students and practitioners has enabled them to step with giant strides over the stumbling-blocks which have been fabricated and thrown in their way by monarchs, privy-councillors, and legislators. In some instances, however, it has taken a wrong direction, not so much from the cupidity of its possessors as from the incorporated monopolists' endeavours to make a rich harvest for themselves by its existence. It is for the purpose of protecting medical students from extortion, the public from quacks, and the legally-qualified practitioner from undeserved penalties and insults, that a reconstruction of the laws relating to medicine is required; and that they will be remodelled, and that these great and salutary objects will be accomplished, is as certain as is the downfall of the unprincipled gangs of incorporated monopolists perceptibly inevitable.

With regard to the concluding paragraph in the letter of Mr. COLEY, wherein he condemns "contracta," and calls for "the "institution of small infirmaries and "dispensaries, on an extensive scale," we exclaim, "Pray Heaven protect the pro-"fession against any addition to the "number of infirmary and dispensary "nuisances which already exist." They are alike injurious to the profession and the public, and the medical offices in them are almost invariably occupied by canting hypocritical jobbers, speculators and traders in the humane and charitable feelings of the public. A little further reflection will induce Mr. COLEY to alter his opinion on this subject.

"But," he exclaims, "the discharge, "*gratuitously*, by well-educated and ho-"nourable practitioners, of the profes-

"sional duties of such charities would "raise the character of provincial sur- "gery and greatly reduce parochial ex- "penditure." The character of provincial surgery is in a very low condition indeed if it can be raised by such means. Still, the institution of these establishments would greatly reduce parochial expenditure. But to whose loss? Why, necessarily, that of the medical practitioners who are *now paid* for their services to the poor. The labours of medical men go ill rewarded enough already, and we can assure Mr. COLEY that acting upon this new device would inflict a very serious injury on many hundreds of his professional brethren who practise in the country.

With regard to the medical contract system, it is quite certain that it cannot be abolished; but it is equally certain that it can be placed on a new footing which will make it quite as advantageous to the profession and protective to the poor. It is under the existing system of contracts that the principle of competition, although not taking an improper direction, has been allowed to be carried to a most injurious extent—an abuse which cannot be remedied without the interference of the legislature.

THE circular of the disinterested reformers of *St. Bartholomew's* has been followed, pretty speedily, as we expected it would be, by a new batch of regulations from Rhubarb Hall. This is the twentieth year that the members of the Worshipful Company have been exercising their functions under an Act of Parliament, and yet they continue annually to furnish new specimens of their legislatorial wisdom. They have at length screwed up their plan of extortion to the very last turn, and now that the machine is about to snap into a thousand pieces, that identical moment the Worshipful Company select for congratulating themselves on the complete success of their enterprize. Considering what is in store for them, we by no means envy them their present enjoyment.

We here insert all that is of present importance in the copy of the Regulations which has been forwarded to our office by the Worshipful Company:—

REGULATIONS TO BE OBSERVED BY

STUDENTS

INTENDING TO QUALIFY THEMSELVES TO PRACTISE AS

APOTHECARIES

IN ENGLAND AND WALES. 1835.

Apothecaries' Hall, London,
April 23, 1835.

THE Court of Examiners of the Society of Apothecaries of London have witnessed with great satisfaction the benefits derived from the course of study enjoined by them, in the increased acquirements of the candidates who present themselves for examination; and being assured that the time is arrived when it behoves them to complete the scheme which they have long had in view, and to which they have advanced by successive and cautious steps, they now publish an extended course of study, which, although it may perhaps require hereafter some modification in the details, may be considered, both in extent and duration, as final.

In prolonging the period of study, the Court feel confident that they are consulting the interests of the public, and that they are also acting in accordance with the wishes of the profession generally, and more especially of the enlightened body of gentlemen engaged in teaching medicine and the various sciences connected therewith, who have, for some time past, expressed their sense of the great advantages which would result from a systematic arrangement of the Sessions at the Medical Schools, and of the particular subjects of study appropriate for the winter and summer seasons. The Court will be solicitous to lessen whatever inconvenience may, in the first instance, be attendant upon this important change; and they will be ready to pay attention to the cases of such students as may be prevented by

peculiar circumstances from commencing their attendance at the schools in the early part of October, the period of the year at which it is most especially desirable that such attendance should, in future, commence.

The liberality of the physicians of the London Hospitals in promptly acceding to the wishes of the Court, that students might have afforded to them a more extended opportunity of studying practical medicine without any augmentation of expense, has enabled the Court to require an attendance of the student for eighteen months at an hospital instead of twelve; and to this boon the physicians would add a yet more essential service by inducing the governors of the hospitals with which they are connected, to reorganize their respective out-patient establishments, and afford to students an opportunity of studying large and important classes of disease, which are very rarely admitted within the wards of an hospital.*

The great advantages which Students have derived from a regular course of periodic examinations, in the schools in which this system has been adopted, associated with a systematic and combined course of reading and oral instruction, induce the Court again to press this subject especially upon the attention of teachers. The use of a class-book also, for each particular branch of study, would better enable the student to reduce into order the numerous facts placed before him, and to refer again and again to such points as require a sustained exercise of the powers of reasoning, for their full and clear comprehension.

The Legislature having made an apprenticeship of five years imperative upon all students, and having permitted them to present themselves for examination at the age of twenty-one, obviously intended that the greater part of their medical education should be included within that period; and the Court have great pleasure in stating, that in very many instances students have actually completed their course of study, and have been admitted to an examination, within a few weeks after the termination of their apprenticeship. It is, however, to be regretted that this advantage has frequently been lost sight of, and that a great proportion of this valuable time, and not unfrequently the whole term of it, has been passed exclusively in practical pharmacy. The Court are desirous of impressing upon parents the necessity of preventing this waste of time, by making such arrangements with practitioners with whom they place their sons, as may enable the young men to commence their attendance upon lectures in the course of the third year of their apprenticeship.

The Court renew their recommendation that the apprenticeship should not begin until the youth has attained his seventeenth year, that he should previously have received a sound classical education, have been instructed in the elements of mathematics and natural philosophy, and have acquired a knowledge of the French and, if possible, the German languages.

The period of apprenticeship is by no means to be considered as of small importance; during that time it is incumbent upon the master to take care that his apprentice keeps up and extends, by a regular course of reading, both his classical and general knowledge; it is also his duty to ascertain, by occasional examinations, that his pupil is acquiring the elements of professional knowledge; and that he becomes acquainted with the nomenclature of the profession, the manipulations of pharmacy, and the elements of osteology; whilst opportunities should be afforded him of watching the progress of disease, and of noticing the effects of remedies.

The Court have reason to believe, that students would in many instances gladly avail themselves of an opportunity of passing their Latin examination upon the commencement of their studies at the medical schools; the Court have, therefore, arranged a plan for that purpose which may be adopted at the option of the student, at the time of registering his first attendance upon lectures. After this preliminary examination in Latin has been satisfactorily passed, the student will not be subjected to any farther examination in Latin medical classics.

The Court of Examiners have only to add, that they have framed the following course of study with especial reference to the surgical as well as medical duties which devolve upon the general practitioner when engaged in practice, and with the knowledge that students, with few exceptions, pass an examination in surgery at the Royal College of Surgeons, as well as one in medicine at the Hall: the Court have, therefore, taken care to afford every facility for a strict conformity with the regulations of the College, as well as with those which they have themselves enjoined. The Court exhort students not to rest satisfied with a mere

* It appears by the Parliamentary Tables, that *more* than one-half of the deaths which annually take place, are those of children under five, and of the aged, above seventy years of age. The diseases of these two classes, and those of women in the pregnant and puerperal state, cannot be studied at hospitals, as they are now constituted.

formal compliance with the injunctions of authority, but to be actuated by still higher motives, and to find in these an incentive to a zealous and generous devotion of their time, their labour, and their best faculties, to the acquisition of an accurate and comprehensive knowledge of the principles of the healing art.

Every candidate for a certificate to practise as an apothecary, will be required to produce testimonials,—1. Of having served an apprenticeship of not less than five years to an apothecary :*— 2. Of having attained the full age of twenty-one years :†— 3. And of good moral conduct.‡—Students whose attendance on lectures shall commence on or after the 1st of October 1835, will also be required to produce proof of having attended, during three winter and two summer sessions, lectures in the following order, and medical practice from the commencement of the second to the termination of the third winter session.

The Winter Medical Session is to be understood as commencing on the 1st of October, and terminating in the middle of April, with a recess of fourteen days at Christmas; the Summer Session as commencing on the 1st of May, and ending on the 31st of July.

First Winter Session.—Chemistry; anatomy and physiology; anatomical demonstrations; materia med. and therapeutics.

First Summer Session.—Botany; and such other branches of study as may improve the student's general education.

Second Winter Session.—Anatomy and physiology; anatomical demonstrations; dissections; principles and practice of medicine; medical practice of an hospital.

Second Summer Session,—Botany, if not attended during the first Summer Session; midwifery and diseases of women and children; forensic medicine; medical practice of an hospital.

Third Winter Session. — Dissections; principles and practice of medicine; midwifery, with attendance on cases; medical practice of an hospital or dispensary.

The student is required to attend the medical practice of a recognised hospital, from the commencement of the Second Winter to the termination of the Second Summer Session, and from that time to the end of the Third Winter Session, at an hospital, or recognised dispensary.

The sessional course of instruction in each respective subject of study, is to consist of not less than the following number of lectures, viz.: 100 on chemistry; 100 on materia medica and therapeutics; 100 on the principles and practice of medicine; 60 on midwifery, and the diseases of women and children; 50 on forensic medicine; 50 on botany.

The number of lectures on anatomy and physiology, and of anatomical demonstrations, must be in conformity with the regulations of the Royal College of Surgeons of London, on these subjects. The lectures required in each course respectively must be given on separate days. Students, when they present themselves for examination, must bring testimonials of having received instruction in practical chemistry during their attendance upon the lectures on chemistry, materia medica, or forensic medicine: and also of having attended a full course of clinical lectures, and such instruction in morbid anatomy as may be afforded them during their attendance at an hospital. Every student will be required to produce proof of having dissected the whole of the body once at least.

Students whose attendance on lectures commenced prior to the 1st of February, 1828, will be admitted to examination in conformity with the regulations published in September, 1826, viz. after an attendance on *one* course of lectures on chemistry: *one* course of lectures on materia medica: *two* courses of lectures on anatomy and physiology: *two* courses of lectures on the theory and practice of medicine; and *six months' physician's practice* at an hospital, or *nine months* at a dispensary.

Those who began to attend lectures subsequently to the 1st of February 1828, and previously to the 1st of October of the same year, in conformity with the regulations of September 1827, viz. after an attendance on *one* course of lectures on chemistry: *one* course of lectures on materia medica and botany: *two* courses of lectures on anatomy and physiology: *two* courses of lectures on the theory and practice of medicine; these last having been attended *subsequently* to the lectures on chemistry and materia medica, and to

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* No gentleman practising as an apothecary in *England or Wales* can give his apprentice a legal title to examination, unless he is himself legally qualified to practise as an apothecary, either by having been in practice prior to or on the 1st of August 1815, or by having received a certificate of his qualification from the Court of Examiners. An apprenticeship for not less than five years to surgeons practising as *apothecaries* in Scotland and Ireland, gives to the apprentice a title to be admitted to examination.

† As evidence of age, a copy of the baptismal register will be required in every case where it can possibly be procured.

‡ A testimonial of moral character from the gentleman to whom the candidate has been an apprentice, will always be more satisfactory than from any other person.

one course at least of anatomy: and *six months, at least*, physician's practice at an hospital, or *nine months* at a dispensary; such attendance having commenced *subsequently* to the termination of the first course of lectures on the principles and practice of medicine.

Those whose attendance on lectures commenced in October 1828, must have complied with the regulations of September 1828, viz. by having attended *two* courses of lectures on chemistry: *two* courses of lectures on materia medica and botany: *two* courses of lectures on anatomy and physiology; *two* courses of anatomical demonstrations: *two* courses of lectures on the theory and practice of medicine; these last having been attended *subsequently* to one course of lectures on chemistry, materia medica, and anatomy. And *six months, at least*, the *physician's practice* at an hospital (containing not less than sixty beds) or *nine months* at a dispensary; such attendance to have commenced *subsequently to the termination* of the first course of lectures on the *principles* and *practice* of medicine.

All students who began to attend lectures in January 1829, are required to have attended the physician's practice at an hospital for nine months, or at a dispensary for twelve months, and also to have attended *two* courses of lectures on midwifery, and the diseases of women and children.

Students whose attendance on lectures commenced on or after January 1831, must adduce proof of having devoted at least two years to an attendance on lectures and hospital practice, and of having attended the following courses of lectures:—

Chemistry:—Two courses—each course consisting of not less than forty-five lectures.

Materia Medica and Therapeutics:—Two courses—each course consisting of not less than forty-five lectures.

Anatomy and Physiology:—Two courses.

Anatomical Demonstrations: Two courses. Of the same extent as required by the Royal College of Surgeons of London.

Principles and Practice of Medicine:—Two courses - each course consisting of not less than forty-five lectures, to be attended subsequently to the termination of the first course of lectures on chemistry, materia medica, and anatomy and physiology.

Botany:—One course—consisting of not less than thirty lectures, to be attended between April 1 and October 31.

Midwifery, and the Diseases of Women and Children:—Two courses.

Forensic Medicine:—One course—to be attended during the second year.

Students are likewise *earnestly* recommended to avail themselves of instruction in *morbid anatomy*.

The candidate must also have attended, for *twelve months* at least, the physician's practice at an hospital containing not less than sixty beds, and where a course of clinical lectures is given; or for *fifteen months* at an hospital wherein clinical lectures are not given; or for *fifteen months* at a dispensary connected with some medical school recognised by the Court. No part of this attendance can be entered upon until the termination of one entire year from the commencement of attendance on lectures, nor until one course of lectures, at least, on chemistry, materia medica, anatomy, and the practice of medicine, have been attended in the order prescribed by the regulations.

Examination.—Every person offering himself for examination must give notice in writing to the clerk of the Society on or before the Monday previously to the day of examination, and must also at the same time deposit all the required testimonials at the office of the beadle, where attendance is given every day, except Sunday, from *nine* until *two* o'clock.

The examination of the candidate for a certificate of qualification to practise as an apothecary, will be as follows:—In translating parts of Celsus de Medicina, and Gregory's Conspectus Medicinæ Theoreticæ:* in physicians' prescriptions, and the Pharmacopœia Londinensis: in chemistry: in materia medica and therapeutics: in botany: in anatomy and physiology: in the principles and practice of medicine.†

By the 22nd section of the Act of Parliament, no rejected candidate for a certificate to practise as an apothecary, can be re-examined until the expiration of six months from his former examination; and no rejected candidate as an assistant until the expiration of three months.

The Court meet in the hall *every Thursday*, where candidates are required to attend at A QUARTER BEFORE FOUR O'CLOCK.

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* Students may undergo their Latin examination in these works at the *commencement* of their studies in London, by giving notice to the beadle, at their *first* registration, of their wish to do so. And students who are already registered will be admitted to this examination on making an application to the Court.

† This branch of the examination embraces an inquiry into the diseases of pregnant and puerperal women; and also into the diseases of children.

Mr. *H. W.* Dewhurst, taking to himself the reference made in the note signed "Inquisitor," in the last number of The Lancet, has addressed a very long letter to us for publication, with a view to remove the impression which the note of "Inquisitor" was calculated to create. We refrain, however, from inserting the letter, because it does not answer the charge of misconduct made and implied in the note, viz., that *the* Mr. Dewhurst has adopted a title, and given to himself a station, in the pages of a publication designed for extensive circulation, which he was totally unwarranted in assuming.

There is a system of quackery making its appearance in medical literature, in Cyclopædias, Medical Journals, Newspapers, and Twopenny Magazines, which must and shall be crushed, as it is most offensive to good taste, detractory from the fame of the really learned, and designed to puff into a pseudo-reputation, the professional character of men who ought to be scouted, not so much probably for their incapacity as for their impudent dishonesty.

The letter of Mr. Costello on the subject of a case noticed in the note signed the "Shade of Le Dran," and on the utility of lithotrity generally, is unavoidably postponed, from the press of matter, until next week. It is high time that the question of lithotrity and lithotomy, as regards the superiority of the one or the other as a mode of relieving patients from the affliction of stone in the bladder, should be definitively settled. So far as our own observations and inquiries have extended, we are inclined to believe, that if lithotrity were to be taught generally in the schools, and brought into ordinary use amongst practitioners, the cutting operation for stone would in a very few years become obsolete; because the facility with which small stones could be crushed, would leave no large calculi to require the use of the knife.

VACCINATION AND INOCULATION.

The latter part of the following letter discloses some very important and appalling facts. That small-pox is becoming most virulent again in many places is quite certain, and, unfortunately, it is equally true that many surgeons have shown extreme culpability in spreading the disease, when it should be their invariable object to establish, by every possible means, the introduction of vaccination. If the legislation do not interfere, and that speedily, we fear that the most calamitous results will ensue. Inoculation for small-pox must be altogether interdicted, under very heavy penalties, or never be allowed except in those cases where the vaccine matter has been first tried with effect. It is, however, everywhere admitted by practitioners of experience that vaccination is losing much of its power over the constitution, in consequence of neglect in taking the matter from the original source, the cow. The means of protection against small-pox are placed so thoroughly within our reach that it is criminal in the highest degree to subject the public to the greatest of all possible dangers by neglecting to employ them.

To the Editor of The Lancet.

Sir,—At a time when small-pox is fearfully prevalent in many parts of the country, it cannot be too much impressed on the minds of all persons, that vaccination has realized our most sanguine expectations, in all cases where a fair trial has been given to it, but as in *some* cases failure has occurred, I propose very briefly stating the leading causes of such failure. In doing so, my object is to show to our non-medical friends (and in particular to several very excellent country clergymen who invariably read The Lan-

CET), that they may frequently be deceived into a fancied security respecting the patient, after an introduction of vaccine virus, which a little knowledge of the phenomena will tend to prevent.

To those who are unacquainted with the subject, I must premise, that after vaccination on the third day, or sometimes later, a little pimple is first perceived, which, gradually enlarging, has, towards the sixth day, in general, formed a regular vesicle, distended with a limpid fluid termed "virus," and on this depends the success of the operation. Sometimes we find that a slight inflammation has taken place, forming an areola around the incision, but without any vesicle appearing; at other times, a vesicle, or, rather, a pimple arises, but without any matter forming. These are the deceptions, in consequence of which vaccination is said by some to be useless. It is to be assumed in all these cases, either that the matter has not been fresh, or that a constitutional derangement of the system exists. Matter should always be used fresh and limpid, and if taken on the lancet, the necessity is superseded of using points. During the last half year I have vaccinated nearly 300 children, many of whom I have found quite insusceptible of the virus until the system was prepared by active purging, when impregnation very readily took place. It follows that great care should be taken to see that vaccination is properly performed, and then we need be under no fear of its virtues in preventing, or greatly mitigating, the contagious influence of small-pox.

It is to be deplored that many members of our profession, though conscious of the benefit which is to be derived from vaccinating, are too ready in acceding to the popular cry for inoculation. It will scarcely be credited that there are some very respectable medical firms, the partners in which submit to the demand rather than lose the practice. This jobbing I trust bids fair to cease, affording us at least one trifling benefit under the new laws for "farming the poor." The "contract" includes everything but midwifery, so that the little tid bits, fevers, fractures, and vaccinations, will form "no extras."

To return to the subject. During my late residence at Grantham, it occurred that a child at Barrowby fell ill with symptoms of small-pox. The whole village took the alarm; when the "contractors" declared it to be a genuine case, and a general vaccination by the parish was ordered; but the paupers one and all declared that they would not have their children "cut from a cow;" the thing was "monstrous," "ridiculous," and merely "to try experience." What was to be done? A consultation was held by the overseers, and in the end they apply to their medical officers, Messrs. Catlett and Mather, to inoculate. These gentlemen at first refuse, but learning that an offer from another quarter had been made to the parish, they consented, rather than lose the job! What follows is more serious, and deserves the deep attention of every medical man. The case above referred to I myself attended, and declared it not to be small-pox; and, in fact, every pock disappeared in three days from their first appearance. But it was *ruled* differently. Matter was sent for and nearly forty children were inoculated. Shortly after, in Grantham, and in many villages around, small-pox raged with the greatest virulence, and numbers of children fell a sacrifice to the disease. Others are crippled for life; and it must now be stated that the identical child which first caused the alarm, now took the real disease, and, when I left Grantham, was actually blind, and so continues. This is a fearful picture but a true one. Numbers of children are sacrificed—others become blind—some are crippled—and all for what?—The truth must out—"for the job;" and on the heads of its promoters lies the responsibility.—I am, Sir, your most obedient Servant,

EDWARD S. PINDER.

London, April 28th, 1835.

A CORRESPONDENT has extracted the following "certificate" from a long advertisement in the *Bristol Mirror* of April the 18th, 1835, and forwarded it to us for our inspection, and we insert a copy of it in the pages of THE LANCET for the inspection of Mr. Key:—

"*Important to the Afflicted.*

"DR. WRIGHT'S CELEBRATED PEARL OINTMENT, under the sanction and recommendation of eminent Gentlemen of the Faculty, and patronised by the Nobility, Clergy, Gentry, &c., for the cure of Cancerous, Scrofulous, and Indolent Tumours, and Inveterate Ulcers; Glandular Affections of the Neck, Erysipelas, Scurvy, Evil, Ulcerated Sore Legs (if of 20 years' standing), Chilblains, Chapped Hands, Burns, Scalds, Sore Nipples, Grocers' Itch, &c.; also an infallible Remedy for Sore Eyes. In several Gout and Rheumatic Cases it has proved highly beneficial.

"In addition to the testimonials of surgeons, and certificates by far too numerous for publication, the following certificate from that eminent and distinguished

practitioner, CHARLES ASTON KEY, Esq., senior Surgeon of *Guy's Hospital*, London, cannot fail to establish the confidence of all persons in this excellent remedy, and the proprietor strongly recommends all *families*, *schools*, and *grocers*, never to be without it.

"WONDERFUL TESTIMONIAL.

"'From the numerous certificates which I have seen of the efficacy of Wright's Pearl Ointment, I have been induced to try it in several severe cases of Porrigo, Herpetic Eruptions, the Ulcus Exedens, and some other forms of obstinate cutaneous disease, and I am able to bear testimony to its great utility.

(Signed) "'C. A. KEY.

"'Guy's Hospital, London, Jan. 23rd, 1833.'

"Sold in Pots, at 2s. 9d. and 4s. 6d. each, by the Proprietor."

Our correspondent adds,—"I imagine "there must be some mistake in this, for "Mr. Key can never be the author of the "certificate. I can only add that if Mr. "Key do not notice this aspersion, if "such it be, I shall blush to acknowledge "myself once a pupil of that celebrated "surgeon." From what we know of Mr. KEY we are fully satisfied that the document is a forgery. Of course we do not impute the forgery to the quack, but the quack himself has, possibly, been glad to turn to a good account the very silly hoax of some designing knave. It is right, however, that Mr. KEY should be made acquainted with the use to which the quack has turned his name, and that the public should, by exposure of the seeming fraud, be disabused of the imposition apparently attempted to be practised on them.

THE disorders to which we alluded last week, as having manifested themselves at the commencement of M. ROYER-COLLARD'S private course in Paris, continued to prevail through the past week, and broke out even with increased violence at the lecture which the young *agregée* attempted to deliver on Saturday at 5 o'clock. The more respectable part of the audience, which included a large majority of those who were present, and comprised a considerable number of British medical men, were decidedly in favour of hearing the professor; but their efforts were rendered unavailing by the cries and songs of a few malcontents within, and the hootings and uproar of at least 500 students who crowded the little court of the *Ecole Pratique*. M. ROYER-COLLARD having got through his lecture with great difficulty, was hustled in the most disgraceful manner by the crowd in the court, who followed him in great numbers through the streets, over the Pont Carousel (which was forced in a body without paying toll), and along the great court of the Tuileries, shouting alternately the "Marsellaise," to vex LOUIS PHILIPPE, and "Malbrook" to vex a small body of English who accompanied the professor. On the whole a more disreputable scene was never witnessed; and although we think that M. ROYER-COLLARD has chosen a very inopportune time for his course, and do not by any means belong either to the *Doctrinaires*, or even to the *Juste-milieus*, yet we must confess that the French students by their late conduct have much injured the character for liberality of sentiment upon which they vaunt themselves so highly, and deserve richly the punishment which can no longer be deferred.

THE existence of an exanthematous disease without the exanthema, which is generally supposed to be its essential characteristic, may seem at first sight to be very problematical; but those who are practically acquainted with the diseases of children know, that when scarlatina and measles prevail extensively, there are often found examples of disease which perfectly simulate the above affections (and even terminate in death) in every symptom, except the presence of the eruption. Our reporter has seen more than one example of this at the *Hopital des Enfans Malades* in Paris, and we find several in "The Report of the Transactions of the Rhenish College of Medicine for 1830—31." Thus, Dr. SPIRITUS reported some cases of small-pox and scarlatina without eruption: the symptoms were, pain in the throat, and at a later period anasarcous affections. Dr. LAUTER saw 22 children affected with small-pox who exhibited no trace of eruption, and Dr. VETTER reported the case of an infant with crusta

surpiginosa, which had all the other symptoms of variola except the pock. In another case he saw it scattered over the face and very thick on the neck, while the rest of the body remained quite free. Dr. Ark saw variola and scarlatina prevail together in one case, and another physician observed an indiscriminate epidemic of measles and small-pox. Finally, Dr. Tobias saw a case of variola, where the child was exposed to cold, followed by universal anasarca, as in scarlatina.

Congenital Fistula Ani.—It is too frequently supposed, that with the exception of some malformations, and the effects of hereditary disease, the fœtus in utero is not subject to the various affections which present themselves in the adult. But experience daily disproves this supposition, which has been ably examined by the late M. Desormeaux, but we do not remember that he has enumerated fistula ani, an example of which Dr. Dorfmuller * has lately seen in an infant, to which he was called immediately after its birth, for a swelling near the anus. On examination he found it to consist in a blind external fistula, extending nearly two inches along the gut; the operation was performed when the child was four weeks old, and followed with complete success.

Hydrocephalus.—The same physician notices briefly in *Siebold's Journal* a case of remarkable hydrocephalus, cured by the sole efforts of nature. This occurred in the person of a male infant, aged eighteen months, to whom the author was called, with a view to pronounce if the child was fit for vaccination. The head was three times larger than that of an adult, and the infant was unable to support it, but laid its head constantly on the breasts of its mother; the fontanelles were very large, and the head felt soft and pasty. The rest of the body was tender and weakly, and of a natural size. The author left the infant with the idea that it could not survive many months; but after a lapse of five years, being called on to give some assistance to the mother, he took the opportunity of inquiring after the child, when he was astonished not only to hear that it was alive, but to find on examination that the child's head was now even less than the natural size, while the bones were completely united and felt hard. The body was well built, and of its proper magnitude. The mental faculties were developed in a moderate degree, and the parents affirmed, that this fortunate result occurred without the assistance of any medical aid whatever.

Influence of the Cerebellum on the Genitals.—In the last number of the *Gaz. Medicale* of Paris, No. 17, M. St. Martin writes from Turin, that Dr. Ferroresi obtained the cure of a young girl, who was afflicted with a most violent nymphomania, and two young men who suffered from an incorrigible habit of masturbation, "by the simple application of ice to the back of the head, behind the occipital protuberance."

Hospital Statistics.—A report of the General Hospital at Breslau for the year 1833, in the *Berlin Med. Zeitung*, No. 5, 1835, gives the following statistics: At the end of the preceding year there remained in the hospital 228 patients. During 1833 there were received 2375. Of these, 1831 were affected as fellows:—

Medical Cases.

Fevers	608
Inflammations	188
Skin diseases and pock	385
Effusions	250
Neuroses	98
Mental affections	70

Surgical Cases.

Various injuries	120
Abscesses	174
Tumours	112
Fractures and dislocations	62
Herniæ	4
Gangrene	8
Syphilis	293

Of the 2603 patients contained in the hospital during the year, 410 died. Hence the mortality may be considered as 1 for 6.348780 of those treated.

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* Siebold's Journal, Vol. xiv. No. 2, 1835.

Academy of Science, Paris.—The place of corresponding member, which was vacant in the section of medicine and surgery, was filled up on the 20th of last month (April). The section presented a list of candidates in the following order: M. Prunelle, of Lyons; M. Bretonneau, of Tours; Dr. Abercromby, of Edinburgh; M. Fleury, of Toulon; and M. Bellengeri, of Turin. Prunelle obtained 35 votes, Bretonneau 11, and Abercrombie 2. The first of these gentlemen was, accordingly, declared elected.

The amount of fees received at the *Middlesex Hospital* has diminished so greatly since the opening of the Hospital of the *London University*, that at the last division of profits, only about fifty pounds a piece fell to the share of the medical officers. The energies of those gentlemen have, accordingly, been aroused, and being feelingly sensible that a reaction in favour of *Middlesexism* is impossible in the absence of those lectorial temptations to the student which are held forth at all the other hospitals, a plan has been arranged for the formation of a school connected with the charity, in which the offices shall be thus supplied:—Sir Charles Bell (on the strength of whose attraction the chief hopes of success are founded), and Mr. Arnott, to deliver the courses on *Surgery*. The *Anatomy* by Mr. A. Shaw; *Demonstrations* by Mr. Tuson; *Practice of Physic*, by Dr. Watson; *Midwifery*, Dr. Ley or Lee. These are all that are as yet nominated. A great competition is expected for the other chairs in this promising speculation.

We insert the following note, but "Dr. Lambert" is mistaken. We have *not* reviewed his "koozen's" work on the teeth.

"Dr. Lamerts Comps. to the Eaditir of the lancit and he vishis for to no if he vould receeve and revew his pamflit on the virtus of the Balm of Zura, as he has done his koozen Mallan's Booke upon the Teeths—The Doctirs Vurk is his own doing, which Mallans (for goot reasons may be) is not, for I am tolt it vas ritten by a poor divil of a Stoodint for a 5 pund note—The Dr. voot give as much for a notise of his pamflit in the lancit.

10, Church Street, Spitalfeelds."

INTERCEPTED LETTER.

"My dear Friend,—You have my best thanks for sending me a copy of your work. I have little time to read books, particularly at this season of the year; neither have I ever attended much to the complicated subject of physiology, so that *reading* your book is out of the question, more especially as I have heard from my learned friend, Mr. Mayo, that you have not discovered any new facts relative to the subject of your work, though it is compiled in a very interesting and instructive manner. I have contented myself, therefore, with glancing at some points, and from my position in the College, and my advanced years, it is natural that you should expect from me a few remarks on the work. These I shall make with the kindest feeling, but with great freedom, the more so as you have always advocated, even to my annoyance sometimes within our College walls, liberality both in speech and in principles.

"But before offering to your notice the comments which I design to make, allow me most sincerely to thank you for the suggestion which I have derived from the title-page. I owe you, indeed, an immense debt of gratitude for a hint which it contains. It will prove exceedingly useful to me, and I shall certainly take an early means of realizing the literary fame which it so happily places within my reach. I thank you, indeed, a thousand times for the suggestion, which is the most clever that I ever heard of in authorship. I shall certainly adopt a plan of this kind myself, and one of my objects in writing to you is to induce you to name to me some medical work which I can serve in the same manner. It is a capital hit, and I congratulate you on the invention. I only wonder that it has not been thought of before. If Tod had but done the same with '*Johnson*,' and Malone the same with '*Shakspeare*,' what fame they would have earned! People would say, 'The leviathan Tod!' 'The immortal Malone!' I have written to my friend, the Right Honourable John Wilson Croker, to suggest to him that in his next edition of '*Boswell*,' he should call it at once a new edition of '*Croker's Life of Johnson*,' and to my dear friend Coleridge (the judge), who has edited two editions of '*Blackstone*,' with very numerous notes, to announce the third as '*Coleridge's Commentaries*.' Chitty, too, will no doubt seize the hint, and bring out a '*Chitty's Justice, incorporating Burn*.' '*Samuel Cooper's Study of Phy-*

sic,' too, will supersede '*Mason Good's*.' In short, appropriate examples crowd on my thoughts, and I am most anxious to begin. However, although I have a fine library, an excellent stock of books for reference in the composition of my 'Essays' and 'Orations,' yet I must confess that my practice is so large, and my duties at Court, and the drawing up of plans of internal reform for our College, to submit to my dear friend the Duke of WELLINGTON when he again comes into office (which will shortly be), occupy me so fully, that I cannot find time to obtain such a particular knowledge of the various works it contains as to ascertain which of them is suited for ultimate adoption, and is good enough really to enhance my reputation. I turn therefore to you, my dear friend, for advice. Your extensive reading and discrimination can aid me with effect. At the same time please to let me know at what period you think the author's name may *safely* be dropped, and the annotators assumed in the title-page. Make *very* sure on these points, for how unfortunate it would be to fail! How awkward it will be, for instance, if the profession still persist in miscalling the work!

"I come now to a point which interests me as much as the preceding. I allude to that nonsensical and degrading manual exercise, *auscultation*. I am sorry to observe, that you have much employed yourself with this new-fangled device in the exploration of patients. I object to all these digital operations, which are only suited to midwives and surgeons. I hear talk of stethoscopes for the chest, and speculums for the uterus, and sphygmometers for the pulse, and trusses for the abdomen. I say observe, watch, look, and ask questions, but feel nothing. But here are you, a Fellow of the College, and one of our first physicians, commending the manual operations of auscultation and percussion to the skies. Nay, I have even been told, though I am sure that the rumour is a scandal, that the critical and deprecatory remarks in the following paragraphs are thought to apply to me. The first of them occurs at page 207, and you there say,—'These and similar facts, discovered by Avenbrugger and Laennec, *are* '*of the highest utility in detecting diseases* '*of the chest*, exist by physical necessity, 'and being facts, are just as important to 'the medical philosopher as any other 'symptoms; and though *some who have* '*contrived to acquire a name among the* '*ignorant* may affect to *despise* them, the 'rising generation feel justified in ascribing their contempt to *indolence, conceit*, 'and *ignorance*—an ignorance so disgusting, that it must reduce them to their 'proper level.'

"The other paragraph appears at page 173, in the form of a note, in which you state, that 'the force and extent of the 'sounds and shock, and the rythm of the 'heart's action, are variously altered in 'disease, and other sounds superadded, re-'sembling that of a bellows, a file, a saw, 'a dove, &c., all highly interesting to a '*philosophic* mind, and *indispensable* to be 'known to all practitioners *but empirics*.'

"Gracious Heaven! my dear friend, what declamation is this! I protest most warmly against remarks so offensive to the true and pure physician, those high-moral and classical Fellows of our College who do not use the stethoscope. I am sure, as I before observed, that you mean nothing personal,—nothing against myself, whom the DUKE of WELLINGTON, the ARCHBISHOP of CANTERBURY, King GEORGE the FOURTH, and many other distinguished personages, have too often consulted and associated with, to allow me to be regarded as either *conceited* or *ignorant*; and my *activity* is proverbial. As to *knowledge*, no man can justly accuse me of despising *that*. I know and have too well experienced its power, but I do heartily despise a set of mountebanks who pretend to *hear*, *see*, and *feel*, what others cannot. I have a contempt for the mystical airs and grimaces which certain individuals assume with their stethoscopes and their delicate fingering. And as to *conceit*, I hesitate not to say that I have a right to be proud of the position which I hold in society, and of the very general, and I may say the universal, approbation with which my conduct has been rewarded. Do not flatter yourself that I have been an inattentive observer of all the trickery of which auscultators have been guilty. I do not pretend to know any-thing about your murmurs, and your breezes, your cat-purrings, and your dove-cooings, your bellows, your files, and your saws, which all appear extremely learned,—but this I know that your dramatic auscultators have made the most fearful blunders that ever men committed,—such mistakes as I never knew made by any sound common-sense Fellow of the College. Multitudes of such cases you must be just as well aware of as I am, though of course I cannot suppose that any *philosophical* auscultators are amongst the blunderers. I have a great respect for philosophy and all its rules.

"Remember I do not write to you in the language of reproach, but in the sincerity of friendship. It is a much more noble feeling to forgive than to punish. Revenge is really sweet only to women. Let all persons remember, how-

ever, that in firing at me it is of no use discharging small shot at the back of a rhinoceros, and that however well calculated even balls may be to kill, yet if the barrel bursts, it is dangerous sport for the marksman. It requires much drilling and many rehearsals to compete with a man who, like myself, is deeply skilled in the drama of life, and so accustomed to victory in all my efforts. There *are* lucky men in the world, but none of them reached fame or station by encounters with *me*. On the subject of writing I would caution all men to recollect that it is an art which requires great labour and attention. The most accomplished authors have found both requisite. I have seen that great scholar, Mr. CANNING, labouring with Johnson's dictionary, a pronouncing dictionary a dictionary of quotations, a technological dictionary, and Crabbe's synonyms, all lying before him at the same time, twisting and turning every sentence of his speeches, and nothing but such industry as that could have produced such finished orations as his. My own Orations were equally laboured. ADDISON, FIELDING, BLAIR, ROBERTSON, and HUME, were all alike remarkable for the pains they took, and the time they bestowed in writing those compositions which have excited such universal admiration. We should begin with English grammar, and though far be it from me to echo COBBETT's political sentiments, yet his grammar is excellent. Then study with care either BLAIR's Lectures on Rhetoric, or BARRON's Lectures on Logic, to teach the habit of *thinking* accurately.

"Most authors begin to write *before* thinking. Hence their writings are unintelligible. SEYMOUR and MACLEOD fall into this error, and I would have all learners read their productions, in order, by the example, to avoid their errors. At times their compositions are really splendid, and afford by turns excellent examples of the brilliant style, the simple style, the perspicuous style, the soft style, and the irresistibly forcible style. I will send you some choice extracts on another occasion, for I am afraid you do not read the *Gazette*, though copies, I understand, have regularly been sent, gratis, for a long time to every physician in London, when the Editor has thought he had a particularly good Number to give away as a card. Medical subjects are not susceptible of ornament; and tropes, metaphors, or any kind of figures of speech, should never be introduced by professional writers. Latin and Greek quotations also are dangerous: certainly none but Oxford and Cambridge men should meddle with them. In my orations I was called upon to produce compositions of the highest class, and I therefore took Cicero for my model,—with what success it does not become me to say.

"I must now draw to a close, and shall therefore allude to only one thing more, which, as this letter is on literary matters, may not inappositely be introduced here, especially as I want your services amongst a class of medical authors with whom you are likely to possess much influence. I refer to those who, having attained eminence through the place of their education, and other advantages, possess the privilege of adding letters and titles to their names. Speak to as many of them as you can to omit all references to the place of their graduation. These are ticklish times, and at this moment I have been using every effort to persuade Mr. WARBURTON (and much difficulty I have had to succeed) that one medical degree is as good as another. It is therefore both impolitic and mischievous to make any display of distinctive titles of that kind after our names. We should keep them quite in the back ground. It does no good to show them, for there are very few persons who even understand the meaning of them. 'Cantab,' or 'Cicest,' or 'Winton,' for instance, are quite *caviare* to the multitude: and then as regards the advantage or glory which University names give to really eminent men, why no one values more than I do the advantages of that classical and moral education which is to be obtained only at Oxford and Cambridge, but never did I think of adding '*Oxon*' to my name. There is a fit time and place for all things. What should we think of the KING walking about in his garden at Windsor, on a hot sun-shiny day, with the crown on his head; or of my friend, the DUKE of WELLINGTON, parading Piccadilly with the sword of state at his side? It is, in fact, only kindness in us to keep these titles back, for your Aberdeen, St. Andrew's, Dublin, Edinburgh, and Lambeth doctors, cannot put *their* titles in their books. Use, therefore, my dear friend, your best efforts to dissuade all our medical Oxonians and Cantabs from committing the error I have pointed out. Let me now conclude with offering you my best wishes, assuring you of my friendship, and requesting you to believe me to be, sincerely yours.

"Curzon-street, Monday."

WEST-END MEDICAL READING-ROOM.

(*A Fragment from Mr. Gurney.*)

ENTER A MEDICAL STUDENT.

STUDENT.—Pray, Mr. Octavo, what are the terms of your reading-room? So many of my friends come here, that if your subscription be moderate, I shall put down my name.

OCTAVO.—I think you will find no obstacle in the terms, sir. The subscription is only half-a-guinea a quarter, or a guinea and a half for a whole year, and you may not only read books here from morning till night, but you may take them to your lodgings. You will also see here many very pleasant and well-informed medical gentlemen, of all descriptions, Fellows and Licentiates of the College of Physicians, Councilmen, Pures, and General Practitioners, Apothecaries, Chemists, Men-Midwives, Dentists, Oculists, Aurists, Corn-cutters, Cuppers, and Veterinarians. You will also meet authors, and numerous gentlemen of the Press, as we call them. Try the rooms, if you please, for one quarter. You need not pay the money until you are satisfied with the accommodation. To be candid, sir, it is not so much for profit that I move in this sphere, as from the interest I take in the Medical Profession, and the excellent opportunities which I can afford its members of meeting and talking about things in general. Why, sir, if I could but have a short-hand writer to take down all that passes within these walls, the matter would fill a newspaper every week.

STUDENT.—I am satisfied with your representations. Put down my name for a quarter's subscription.

OCTAVO.—Thank you, sir, I hope you will often visit us. Please to inscribe your name in the book. It contains a long list of autographs of eminent men. Thank you, sir. Are you attending any of the Hospitals or Lectures?

STUDENT.—I shall fee none of their hospitals. I was obliged to pay at one of them, in order to get a certificate for Lincoln's-Inn-Fields, but I never spent money with more regret. I used to see many more patients, and much superior practice in our county infirmary. I shall merely pay them occasional visits. I think there is no great harm in stealing a peep at all of them by turns. You have got the periodicals no doubt; I will thank you for the last number of the LANCET.

OCTAVO.—All THE LANCETS are at present engaged, sir. The best time to see THE LANCET is early on the day after publication, for most of its readers come here on the first evening it is out. They are almost all conservatives, and like the dark best. Permit me to hand you the last number of some other journal.

STUDENT.—I don't want to see the *Gazette*, I am supplied with the numbers gratis when there is any thing good in it. It is published at a very liberal house, and the whole impression for the week is often given away I understand.

OCTAVO.—Yes, sir, but there are always some for sale also on the booksellers' counters. The plan of distribution, however, ensures circulation. That tall, handsome, intelligent-looking man, who is now leaving the room, has been one of its chief contributors; I do not mean one of the money contributors, but a contributor of leaders; but Dr. Macleod cut him at *St. George's*, and he left the concern, and says it may all go to the d—l. He has been here to suck THE LANCET, though he has often been severely handled in it, poor fellow. I am sorry for him, though he is really like an old cab-horse, and can take any quantity of the whip. I suppose his kind friends don't know his raw point. His name is Gregory.

STUDENT.—Who is that gray-headed gentleman who is starting from his chair, and throwing down the journal in a passion?

GENT.—(*Aside.*) Scandalous! It is a d——d blackguard affair, and will help none but its own clique of doctors. Well-meaning and modest men like myself have no chance in the world.

OCTAVO.—(*Softly.*) That is Mr. Guthrie, or Guthry. He is the son of an old neighbour of mine, who lived in the opposite court, who became a famous bougie and plaster maker.

STUDENT.—You surely don't mean that this is the famous author, and the ex-President of the College of Surgeons.

OCTAVO.—The very man, sir. He came here to know how his works are selling, but he was afraid to ask the question before a stranger. He is an old soldier, and knows well when to retreat. If I had ventured to tell him the truth, he might have been very impudent. I don't encourage him here, as he always assumes such airs, which are unpleasant in this free and affable atmosphere. I hear he is very much cut about some newspaper puffs lately, which is surprising considering his temper; but Mr. Byng and the Duke of Sussex have, it is said, been remonstrating with him on the subject, and the profession think puffing very discreditable. Dr. Alexander says *he* has been shamefully used in them. Alexander, indeed, is

furious with him, and went to the Duke about one of them, and got his Royal Highness to express his regret to Mr. Guthrie at the bad taste of the paltry writer of the paragraphs, but the Duke advised Dr. Alexander to take no notice of the trash himself, consoling him by saying, that when the operation was really performed by Alexander, and the announcement was made in the papers, that would be the best contradiction of Guthrie's inventions. * * * * *

Enter an Accoucheur.

Accouch.—Be so good as to allow me to look for a few minutes at a copy of Sir Henry Halford's "Orations."

Octavo.—We have none, sir. I have never had any order for them, and did not obtain any, as I never understood they were intended for the profession.

Accouch.—Oh never mind, I merely asked for it because I happened to see the man himself last night, and I should like now to see his book. He is a singular object, and well worthy the attention of the curious. I went to the meeting in Pall-Mall East last Monday, where the reading of what they call *Papers* is followed by tea and turn out. I have read so much of his epistolary correspondence that I was anxious to see old Eelback himself. The inconvenience of going to the place of exhibition was well repaid by the intellectual treat. I went early, and occupied a good position for seeing the done as they arrived, but none of them attracted any kind of notice until the worthy baronet burst like a meteor into the hall. Even Sir Astley presented no attraction compared with Sir Henry. Being so *great* a man, I expected to find his physical frame as big as his fame; in place of which in came something considerably below the ordinary stature of man.

Student.—Is he handsome-featured?

Accouch.—He's too petty for beauty, and has more of the appearance of a venerable valet than a learned physician,—white head, black brows, hawk's eye, blue collar with some order attached,—the *Gulpic*, I hear,—and a star on his breast.

Student.—Did you look at his head?

Accouch. — Most particularly, — and wished for my callipers. His cast would much interest the phrenologists. His knowing organs are very large, which makes him see *through* a wall that most people can only look *at*. He has large caution, and his self-esteem, love of approbation, and acquisitiveness, are enormous.

Student.—What kind of a paper was read?

Accouch.—Something from Van Diemen's Land, that had little interest in it.

Student.—Was it by a returned convict?

Accouch.—God bless me, no! It was read by one of the Fellows.

Student.—I suppose it will be printed in the College Transactions. When the next volume is out, please to put down my name first on the list for reading it.

Octavo.—Yes, Sir. Good morning, sir. Good morning, gentlemen. (*Door closes.*)

Note from Mr. Batten.—*To the Editor.*—Sir,—In answer to Mr. Chambers (page 127), concerning the case of Mrs. J., I beg to say that he has happened to omit an *adverb* from the sentence he has quoted, so as altogether to invert the precise position with which I set out, and to change the conclusion arising from it into a direct contradiction. My words stand thus:—"While the contractions of the uterus only tended to aggravate an alarming state of hemorrhage, which was *now* but too obvious." The commencement of the sentence from which this quotation is made, positively states that I had waited an hour and a half, and it is, therefore, to the extreme of the latter period that the adverb "now" must relate; hence "an alarming state of hemorrhage" was not obvious many moments prior to the period when extraction was decided on, and until this occurred, were not the expulsive efforts of nature (which I have said were powerful and frequent) to be relied on, even for a much longer time than the one in question? The most able accoucheurs, and the greatest authorities in the obstetric science, will answer in the affirmative; yet, having been a pupil to Dr. Hamilton, and being, therefore, no advocate for allowing the after-birth to remain long undelivered after the birth of the child, I have never waited more than half an hour without proceeding to extraction, when the uterus had not otherwise expelled its contents. I do not, however, here include the case of Mrs. J., nor does it follow that although I believe the line of conduct just adverted to, to be the safest in ordinary labours, it should be pursued where *the pelvic aperture is anormally constricted.* Indeed, the introduction of the hand through the caliber of a pelvis of this sort, is not only a difficult operation, but one which requires such a degree of force in its accomplishment, that it must inevitably render the woman liable to an attack of inflammation, which, if its fatality *during the puerperal period* be borne in view, will require no argument

here to show how carefully it should be avoided. I am, Sir, your obedient servant,

J. Thomas Batten.

144, Tooley Street, April 28, 1835.

Internal Administration of Emplast. Cantharidis.—Mr. Batten, surgeon, of Tooley Street, has communicated to us the following statement relative to the use of empl. canth. in the form of pill, the facts recorded by Mr. Miller, at page 115, having induced him to make them public. Mr. Batten says, "Having had an adult under treatment for chronic diarrhœa, which had reduced her to a condition of extreme inanition, and finding neither antiphlogistic, counter-irritant, nor tonic remedies avail in its subjugation, she was put under a course of emp. canth. in the form of pill, and which was selected from a mass of that substance of the most pure and active quality. She took eight grains daily, for the space of a fortnight, which had the effect of re-establishing her health in the most gratifying manner, and without causing her to suffer any inconvenience. A series of instances similar to the foregoing might be narrated, besides one or two occurring in children, in which comparatively large quantities of the blistering fly were taken, the result being merely constipation, with a sensible decrease in the action of the secernents, unaccompanied by the supervention of any ill consequences. I must not, however, be understood, from mentioning these facts, to advocate its indiscriminate use, nor to imply that doses of even a slightly greater magnitude than those just described, would not give rise to a train of anormal actions of the most distressing character."

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observations by

M. LISFRANC

on

WHITE TUMOURS OF THE JOINTS.

The very great success obtained by Dr. O'Beirne, of Dublin, with mercury, in cases of ulceration of the articular cartilages, induced M. Lisfranc to repeat the experiments at his clinique *La Pitié*; numerous experiments have, accordingly, been made by him, and the professor has lately taken occasion to lay before his pupils the basis of the peculiar treatment which he has himself adopted for several years, comparing it with that of the Irish surgeon. The following are his observations, which we translate from the French *Gazette* of Saturday last:—

It is essential above all things, (said M. Lisfranc,) if we wish to establish any therapeutical indications concerning white swellings, to form an exact idea of their nature, or at least of the morbid elements that fall under our senses, and which we are called upon to combat. Formerly these were attributed to an atony of the tissues, favouring the accumulation in their cells of a concrete acrid lymph. While this theory prevailed, they were naturally combated with excitants. Other surgeons saw nothing in the affection except inflammation, and, accordingly, employed the antiphlogistic treatment, but on both sides the question was too much generalized. As for my opinion I regard white swellings to be an engorgement of the soft articular tissues, or of the osseous extremities themselves, marching in as low and chronic manner; but what is important to remark is, that the engorgement alluded to is sometimes complicated with inflammation either clearly manifested or obscure and latent. Finally, if it be incontestable that idiopathic white swelling, that is to say, one independent of any general morbid condition, may exist, yet, on the other hand, no one can deny its connexion with a vitiated state of the constitution, and principally with a scrofulous habit.

These are principles essentially necessary to direct us in the treatment. When a white swelling is inflamed, this condition may generally be recognised without difficulty. The pain is acute, even during repose, sometimes of the most violent character; the local heat is augmented, and more rarely the skin becomes red, as the inflammation is situate in the deep tissues. Sometimes it positively exists, without giving externally any symptom of its presence but the result of the treatment employed to combat it. In the year 1822 we had a patient affected with white swelling of the knee-joint, who came to the hospital on foot, neither motion nor pressure developing any pain. A few days after his arrival he got drunk,

fell upon his head, and expired almost immediately. On examination of the body we found traces of very severe inflammation in the joint; the synovial membrane was of a deep-red colour, softened, almost pulpy, and containing a sero-purulent effusion. It is unnecessary to point out here the symptoms by which a morbid constitutional disposition, such as scrofula &c., may be recognised; but let me say a few words on the pathological anatomy of the disease. Generally speaking, authors who have written upon this subject have only dissected white tumours when arrived at a very advanced degree of organic alteration, by which amputation was rendered necessary, or the patient's life compromised. Hence little or no indication as to the treatment could be drawn. We have been more fortunate than many of our predecessors; we have been enabled to examine six individuals affected with white swelling in its first period, and who died from different accidents. The appearances we found were as follows. The subcutaneous cellular tissue was hypertrophied, of a dull white colour, and a little more moist than natural. More deeply, and by an insensible graduation, it assumed a canary-yellow colour, then became saffron. Flocci of this tissue were separated by layers of cellular substance, containing a quantity of vessels, red, thickened, and softened; still deeper it was found besprinkled with white granulations, somewhat resembling tubercles; and, finally, the tissues became completely lardaceous, and the articular ligaments were of a dull white, a little thickened and softened, and appearing as if infiltrated with serum. The synovial was of a brown-red colour, and contained a sero-sanguineous fluid. Thus, in all these cases, anatomy revealed the existence of inflammation. But these appearances are not invariably found, and we have often met with nothing but a simple induration, without any trace of inflammatory complication.

You see, from what has just been said, through what stages this lardaceous induration of the soft articular tissues passes; it is the last over which our art has any influence. A circumstance not less remarkable is, that in their return to a state of health, white swellings appear to follow the same march. We once treated a white swelling of the foot, with induration ascending up to the middle of the leg; a notable amelioration had been obtained; the engorgement above the articulation was almost completely dissipated, when the patient had the imprudence, notwithstanding my injunctions, to place six leeches on the back of the foot, still much indurated; the consequence was an acute inflammation, followed by gangrene, which rendered amputation necessary. On examination we found the cellular tissue, at the point where the engorgement was limited, superiorly, completely restored to the state of health. Below this they were thickened, and infiltrated to a slight degree; still lower was seen the canary-yellow colour mixed with granulations; and, finally, a perfectly lardaceous state, near the centre of the tumour. We have frequent opportunity of making similar observations.

But these are merely the most simple cases: sometimes a portion of the tumour is composed of the swelling of the bones themselves. This complication, formerly supposed to be very frequent, but which modern researches have shown to be very rare, is often simulated by an engorgement so solid, that one would imagine the skin covered with scales, and so fixed as to appear united with the bone. The truth is only known when, in consequence of the treatment, softening commences, and the tumour becomes moveable on the bone of which it was regarded to form a constituent part.

More frequently, however, the articular surfaces ulcerate, and by moving them in opposite directions we obtain a sensation of bruit and crepitation, as if two bits of broken china were rubbed against one another. We have seen these osseous extremities, even in hinge joints, so moveable upon one another, that they might be luxated incompletely in the sense of the lateral diameter.

In such cases all hope of cure was abandoned, and amputation considered inevitable; but we have sometimes been able to obtain a cure under these circumstances, even without anchylosis.

A variety of the white swelling, of a much more grave and dangerous character, is that to which we have given the name of "fungous tumour." This gives to the touch the sensation of a soft, spongy tissue, like a lipoma. It suppurates with much greater readiness, furnishes a sanious gray fluid mixed with

flocci of cellular tissue; that is, white and as it were tubercular. Examination after death shows it to be composed of a reddish tissue, resembling the erectile, sprinkled with a greater or lesser quantity of small white tubercular-like granulations. We have never as yet been able to obtain a cure of this affection under any kind of treatment. Amputation appears the only resource.

When the surgeon has carefully examined what kind of tumour he has to treat, and is ready to commence his course, he should, as a principal point, direct his attention to the state of the viscera. There frequently exists so intimate a connexion between white swellings and affections of the internal organs, that if the internal disease becomes worse, the white swelling disappears, so as sometimes not even to leave any anatomical trace; while, on the contrary, if the tumour be treated separately, the state of the viscus gets worse, so as to endanger the patient's life, while that of the swelling improves. Nay, more; we have often examined the viscera with care, and having found them sound, commenced the treatment of a white swelling, but the first step towards its cure has been the signal for the development of some visceral affection, either because the latter pre-existed in a latent state, or arose suddenly and the two diseases balanced one another, the first advancing as the second receded, and vice versâ. Hence results the important precept not to attack a white swelling without being assured of the healthy state of the viscera; and should any internal disease pre-exist, or become developed during the treatment, suspend every thing until this dangerous complication has completely disappeared. If we found the swelling decrease in proportion as the other affection got worse, it might be prudent even to excite a certain degree of inflammation in the joint, and establish it there until the cure of the internal organ becomes complete.

(To be concluded.)

NOTE.—Mr. Alexander presents his compliments to the Editor, and begs to assure him, that however much he may concur in the spirit of the note inserted in the last number of his invaluable journal, relative to the medical attendance on the Duke of Sussex, he (Mr. Alexander) was *not* the *writer* of the communication, which was probably the production of some kind friend, too anxious for Mr. Alexander's professional reputation.

Cock Street, Saturday.

*** Really we have other matters to engage our attention, and fully sufficient business to occupy our time, without undertaking to be the conservators of gentlemen's "reputation," a thing of such extreme subtlety, and so capricious in its visitations, that, as Shakspeare has said, "It is an idle and most false imposition, oft got without merit, and lost without deserving." Any other communications on this subject must be inserted on the wrapper as advertisements.—ED. L.

(From Mr. Montgomery Martin.)—Dr. Gilchrist, Deputy Inspector-General of Hospitals at Gibraltar, has been recently elected a Corresponding Member of the Royal Academy of Medicine at Paris.

(From Dr. Ryan.)—In a few days will be published, A new Practical Formulary, or Conspectus of Prescriptions of the Civil and Military Hospitals of France, England, Germany, Italy, America, &c. &c., including the Formularies of MM. Magendie, Lugol, Dupuytren, Alibert, &c., and of the most eminent Physicians and Surgeons in Medicine, Surgery, and Obstetricy; with an account of the doses of all *new* and ordinary medicines, rules for prescribing, &c. Translated from the second French edition of MM. Milne Edwards and Vavasseur, and considerably augmented by M. Ryan, M. D., Professor of Materia Medica to the Medico-Botanical Society of London.

CORRESPONDENTS.

Should he commence business at that time, none of the regulations will affect Mr. *Etheredge* individually in the way of trade. All the subjects to which he refers are as yet in an unsettled state.

Servitude in parochial and ward offices can be avoided by persons possessing the privileges mentioned in the letter of a correspondent, dated April 29.

On re-consideration, before we insert any portion of the letter of *Dr. Dickson*, or express any opinion on the subject, we should like to see an authenticated statement of the six cases to which he refers.

A Pupil, &c. No account of the *St. George's* dinner *can* appear this week, as the journal will be ready for press before the convivialists separate. A reporter was present.

Argus (and in consequence of this notice another signature will be substituted next week) will perceive elsewhere why no part of his letter could appear in the present number of THE LANCET.